UNITED STATES ARMY
CHILD & YOUTH SERVICES

ARMY CHILD & YOUTH SERVICES (CYS)

Registration Checklist

Children & Youth must be FULLY CYS registered before enrolling in any CYS program or activity. Contact your local Parent Central Services office for additional information on the registration and/or enrollment process.
Upon completing all registration requirements, Parent Central Services will **ACTIVATE** the child/youth's **PASS** for access to all great programs CYS has to offer.

DOUCMENTS & INFORMATION FOR NEW REGISTRATION OR ANNUAL RENEWAL

- ☐ Proof of Child Eligibility
- ☐ Parent(s) Current Home and Work Information
- ☐ Email Address
- ☐ Child's Official Immunization Record
- ☐ Health Screening
- ☐ Medical Action Plan (MAP)/Special Diet Statement (SDS) if needed
- ☐ Health Assessment/Sports Physical
- ☐ Military Orders
- ☐ Local Emergency Contact and Child Release Designees:
  Emergency Contact: _____ Phone Number: _____ **YES / NO Release Designee**
  Emergency Contact: _____ Phone Number: _____ **YES / NO Release Designee**

DOCUMENTS FOR ENROLLMENT INTO CDC, FCC, SAC, MST BEFORE/CAMP PROGRAMS

- ☐ Health Assessment /Sports Physical (HASPS)
- ☐ Proof of Parent(s) Income
- ☐ DoD Child Care Fee Application
- ☐ USDA Income Eligibility Form
- ☐ Family Care Plan

What should patrons know about registration with CYS:

- It is an annual requirement.
- The pass is valid for one year from the date signed by patron. Passes may not be renewed earlier than 30 days from the original date.
- Any change in health status must be updated immediately and a new Health Screening, MAPs (if applicable) and Health Assessment/Sports Physical are required.
- If PCSing from one installation to another, Parent Central Services can transfer your records with Global Data Transfer. **Records transferred through Global Data Transfer will require patrons to update. Sponsor and Spouse information at the gaining Installation. MAPs transferred may need to be renewed at gaining installation.**

For your convenience, all Forms and MAPs are available 24 hours a day via https://webtrac.mwr.army.mil (Click on the FORMS tab) as well as the option to make payments, upload forms to your account or browse/enroll in Sports and Instructional Programs.

ASK ABOUT SPECIFIC CYS PROGRAMS

Full/Part Day Child Care	Before/After School Care	Middle School & Teen Center
Part-Day Preschool	School-Out Camp Weeks	Youth Sports & Fitness
Hourly Care	School Liaison Officer (SLO)	Instructional Programs
Kids on Site Child Care	Home School Support	Babysitting Basics & imAlone Class
Parent Advisory Board	Strong Beginnings	Resource & Referral
Parent Participation Program		

CYS REGISTRATION DOCUMENTS & INFORMATION DESCRIPTIONS:

Proof of Eligibility: Legal Guardianship Papers Birth Certificate, DEERS Enrollment form, Military ID, **or** Military Orders listing child(ren) as dependents in accordance with SOFA agreement. Civilian Sponsor and/or spouse must be present with CAC ID or proof of DA Civilian status prior to or at registration appointment to verify eligibility. ***NOTE: In the case of unmarried, legally separated parents with joint custody, or divorced parents with joint custody, children are eligible for child care only when they reside with the Military Service member or eligible civilian sponsor at least 25 percent of the time in a month that the child receives child care through a DoD program.***

Parent Home and Work Information: Local street address, mailing address [if different], OCONUS APO address, military unit or employer name, primary & alternate phone numbers are required.

Email Address: Email address of sponsor/spouse and any non-military email accounts checked regularly

Child's Official Immunization Record: Children enrolling in or currently enrolled in Child Development programming and School age children who are not enrolled in public school (i.e. homeschooled) must provide written documentation of immunizations appropriate for the child's age. Immunization records must be translated to English prior to appointment. CYS follows the US Centers for Disease Control immunizations protocols and updates in accordance with established timelines.

Health Screening: Required for all 6weeks –5th grade aged children & 6th-12th grade youth with Special Needs to record & evaluate child's allergies, medical/physical conditions, etc.) [Any questions answered "Yes" may require additional documentation for the required Multidisciplinary Inclusion Action Team (MIAT) review. (See below.) (Teen Form is available for 6th -12th grade.)

Medical Action Plan (MAP)/Special Diet Statement (SDS): Required if a child is diagnosed with allergies, diabetes, asthma/ respiratory, or seizures that may require staff to give rescue medication or if child requires any medical or religious food accommodation. Also any IEP, IFSP or 504 Plans will need to be submitted. All MAPs and SDS (medical only) MUST include Health Care Provider's Stamp, Signature, & date.
Registration may not be activated the same day of your appointment due to the required SNAP/MIAT review process.

Health Assessment/Sports Physical: Dated/signed/stamped within 365 days of Registration (OR given 30 day grace period from initial registration date to complete). A CYS HASPS form may also be used as a Sports Physical (SP), which is required for ANY child/youth enrolling in a Team sport. Any health assessment form completed in the last 365 days can be submitted as a SP when there is an indication of "Cleared for Sports" & if it expires during the season, a grace period of one month will be granted for continued participation, if parent show proof of SP appointment (SP are valid for ONE YEAR from the Dr. Signature date and may be extended for a second year for children approved for participation in all sports by their health care provider on the SP form if there is no health changes. SP are due before participation allowed in all team sport activities).

Local Emergency Contact and Child Release Designees: Other than Sponsor & Spouse, provide a minimum of 2 names & phone numbers of who CYS can contact and/or release your child to in an emergency situation when unable to reach parent(s). [One emergency contact at registration and a second within 30 days of registering]

Military or Deployment Orders: Reserve & Guard must provide orders validating Active Duty status to use childcare. Army Families of deployed individuals in specific categories can obtain Total Army Strong benefits with validation of military orders or Commander's certification.

Proof of Parent(s) Income: This step is completed when you have **ACCEPTED** space in Full or Part-time Childcare, Part-Day Classes, School Age Before/After Program, or Full-time Camp Weeks to validate eligibility/priority level & calculate Total Family Income (TFI) to determine program fees. When required, please provide **current documents showing one full month** proof of income. Failure to provide Income Documentation may delay or terminate Services.

DoD Child Care Fee Application: To evaluate household income for eligibility for reduced fees. To be completed in Parent Central Services and annually when enrolled in a child care or camp program.

USDA Income Eligibility Form: Allows CYS to receive additional funding to support meals/snacks provided (Not applicable OCONUS).

Family Care Plan: Single/dual military are required to submit DA Form 5305 (or military service branch equivalent) signed & certified by LOCAL Commander(s) within the last year (Due within 30 days of enrollment in CDC, SAC, FCC or MST camp, then annually based on Commander signature or as changes are made).

HEALTH ASSESSMENT/SPORTS PHYSICAL STATEMENT (HASPS)
for CYS SERVICES
ENROLLMENT, Renewal & SPORTS PHYSICAL Requirements

Revised 08Jan 09

DATA REQUIRED BY THE PRIVACY ACT OF 1994

PRINCIPAL PURPOSE: Information is used by DA personnel to: (1) verify child health status of immunization per admission requirements; (2) note special program considerations or restriction on child participation; (3) execute emergency medical procedure for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program; (5) certify physically fit to participate in sports. **ROUTINE USES:** No information is disclosed outside DOD. **DISCLOSURE:** Information is voluntary; however, if information is not provided, individuals may not be able to participate in community activities.

INSTRUCTIONS: All sections A, B, C. must be completed

PART: A Medical History (Filled out by parent / guardian)

Name of Sponsor	Home Telephone Cell Telephone	Duty/Work Telephone
Sponsor Unit / Work Address	Sponsor SSN	Spouse's Work Telephone

CHILD HEALTH INFORMATION

Name of Child	Birth Date	Sex
		☐ Male ☐ Female

Does your child have ongoing medical concerns?
(If Yes, explain circumstances and current status)

☐ Yes ☐ No

Is your child enrolled in Exceptional Family Member Program?
(If Yes, explain)

☐ Yes ☐ No

MEDICAL HISTORY

	YES	NO		YES	NO
1. Any hospitalization or operations			14. Heat stroke or exhaustion		
2. Allergies to medicine, insect bites or food			15. Broken bones or sprains		
3. Speech or development delays			16. Joint injuries (Ankle/Knee/Wrist)		
4. Vision Problems (Glasses / Contacts)			17. Required restricted physical activity		
5. Ear or hearing problems			18. Diabetes		
6. Seizures or Convulsions			19. Cancer		
7. Dizziness or fainting with exercise			20. Dental or orthodontic braces		
8. Headaches			21. Learning problems		
9. Head injury or loss of consciousness			22. Sleep problems		
10. Neck or back injury			23. Behavioral problems		
11. Asthma or difficulty breathing			24. ADD / ADHD		
12. Heart or blood pressure problems			25. Autism Spectrum Disorder		
13. Chest pain with exercise			26. Other (please list below)		

If you answer yes to any of the above, please explain:

Ongoing Medications

Name	Dosage	Frequency

Allergies – All Types (Foods, Medicines and Insect Bites)

Type	Reaction

PART B: Physical Exam

Medical Staff Assessment (Completed by licensed independent practitioner: Doctor-Dr., Nurse Practitioner-NP, Physician's Assistant-PA)

Age YRS MOS	**Height** _____ cm. (_____ %ile)	**Weight** _____ kgs. (_____ %ile)
BP: / **P:**	**Visual Acuity** Right / Left / Tested with / without glasses	

	NORMAL	ABNORMAL	N / A	COMMENTS
1. Eyes				
2. Ears, Nose & Throat				
3. Hearing				
4. Mouth & Teeth				
5. Neck (Soft tissues)				
6. Cardiovascular				
7. Chest & Lungs				
8. Abdomen				
9. Genitalia – Hernia				
10. Skin & Lymphatics				
11. Spine – Scoliosis				
12. Extremities				
13. Neurological				
14. Wears braces / plates				

Based on this HX and PX exam, the following abnormalities were found and may need treatment:

Immunizations are current and up to date: ☐ Yes ☐ No

PARTICIPATION RECOMMENDATIONS

☐ All sports _____Yes _____ No ☐ Normal physical activity to including PE

☐ Additional comments: ☐ Restrictions:

Sports Physical is valid for 1 year from date indicated below

PART C

Special Medical Considerations: Describe any special program needs, considerations or restrictions which the child requires in order to participate in CYS programs (to include Sports).

Child / Youth is able to participate in normal CYS programs? ☐ Yes ☐ No

Date	**Licensed Health Care Professional Stamp**	**Licensed Health Care Professional; Dr., NP or PA Signature**

Initial Date	**Type or print name of Parent or Guardian**	**Signature of Parent or Guardian**

HASPS Renewal (Not Part of the Sports Physical)

Year 2 Date	**Health Status Changed**	**Signature of Parent or Guardian**
	☐ Yes ☐ No	

Year 3 Date	**Health Status Changed**	**Signature of Parent or Guardian**
	☐ Yes ☐ No	

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

For use of this form, see AR 608-75; the proponent agency is OTSG.

PRIVACY ACT STATEMENT

AUTHORITY:	10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants andPrograms; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10,Child Development Services.
PRINCIPAL PURPOSE:	Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program.
ROUTINE USES:	The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

Part A - General Information

1. Child's Name	2. Date of birth (YYYYMMDD)
3. Family member prefix	
4. Type of placement requested	5. Date (YYYYMMDD)
6. Sponsor name	
7. Spouse name	

8. Home phone	9. Duty phone	10. Cell phone

Part B - Identification of Child/Youth Condition/Restrictions

Child has any of the following conditions/restrictions: (Check yes or no)

1. Allergies
   - ☐ No ☐ Yes (explain)
   - a. Life threatening reaction
     - ☐ No ☐ Yes (explain)
   - b. Epi-pen required
     - ☐ No ☐ Yes
   - c. Other allergic reations (hives, rash, diarrhea)
     - ☐ No ☐ Yes
2. Asthma reactive airway disease
   - ☐ No ☐ Yes (explain)
   - a. Triggers exist for child's asthma attacks (stress, environmental, exercise)
     - ☐ No ☐ Yes (explain)
   - b. Child routinely (greater than 10 days per month/four months per year) uses inhaled anti-inflammatory agents and/or bronchodilators
     - ☐ No ☐ Yes (explain)
   - c. Child has taken steroids during the past year (prednisone, prednisolone)
     - ☐ No ☐ Yes (indicate number of days in past year)

d. Child has experienced unconsciousness or seizures associated with asthma attacks
☐ No ☐ Yes (explain)

e. Child required an urgent visit to emergency room or clinic for acute asthma within the last 12 months
☐ No ☐ Yes (indicate number of visits in the past year)

f. Child has been hospitalized for asthma related condition in the past six months
☐ No ☐ Yes (explain)

3. Attention Deficit Disorder (ADD)
☐ No ☐ Yes

a. ADD with hyperactivity
☐ No ☐ Yes

b. Is not well controlled with medication
☐ No ☐ Yes (not well controlled)

c. Behavioral/conduct concerns
☐ No ☐ Yes (explain)

4. Autism
☐ No ☐ Yes

5. Behavioral/conduct concerns (for example, oppositional defiant disorder, anxiety disorder, school phobias)
☐ No ☐ Yes (explain)

6. Blindness/visual problems
☐ No ☐ Yes (explain)

7. Diabetes
☐ No ☐ Yes (explain)

8. Emotional problems that require care by a psychiatrist, psychologist or social worker
☐ No ☐ Yes (explain)

9. Epilepsy
☐ No ☐ Yes (explain)

10. Hearing problems
☐ No ☐ Yes (explain)

11. Heart problems
☐ No ☐ Yes (explain)

12. Kidney problems
☐ No ☐ Yes (explain)

13. Speech/language delay
☐ No ☐ Yes (explain)

14. Physical disability
☐ No ☐ Yes (explain)

15. Dietary restrictions
☐ No ☐ Yes (explain)

16. Assistance with activities of daily living

☐ No ☐ Yes (explain)

17. Other conditions

☐ No ☐ Yes (specify and explain)

Part C - Medications

Child is on medications on a regular basis

☐ No ☐ Yes (If yes, please list medications and indicate which require administration during child care hours.)

Part D - Early Intervention and Special Education

Child has an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP) or 504 plan

☐ No ☐ Yes

Part E - Exceptional Family Member Program (EFMP) Enrollment

Child is enrolled in the EFMP

☐ No ☐ Yes (specify for what condition)

I authorize _____ (name of Medical Treatment Facility or physician's practice) to release any medical information regarding my child _____ (name of child) to the _____ (name of installation) Child Youth Services (CYS)/Special Needs Accommodation Process (SNAP) personnel and their staff that is necessary to conduct SNAP review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the CYS/SNAP in reliance on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025.18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

_____ _____

Signature of Parent or Personal Representative of Child | Date (YYYYMMDD)