CHILD DEVELOPMENT PROGRAM REGISTRATION CARD

CHILD DEVELOPMENT SERVICES

NAME OF CHILD (LAST, FIRST, MIDDLE)	SEX	AGE	BIRTHDATE (DD/MM/YY)	ID CARD NUMBER

SPONSORS NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	RANK/RATE	BRANCH	STATUS: ACT RET CIV ENL OFF

HOME ADDRESS	HOME PHONE

DUTY STATION	DUTY PHONE	DATE OF ROTATION

(CIRCLE ONE) SINGLE PARENT DUAL MILITARY FULL-TIME WORKING SPOUSE STUDENT SPOUSE PART-TIME WORKING SPOUSE UNEMPLOYED SPOUSE	IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF	BRANCH	RANK/RATE

SPOUSE'S NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	PLACE OF EMPLOYMENT/PHONE NUMBER

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents)

NAME	PHONE NUMBER	RELATIONSHIP

OFFICE USE ONLY

USDA CATEGORY			PRIMARY TYPE OF CARE			CDS PROGRAM RATES FOR THIS FAMILY	
	YES	NO		CENTER	HOME		RATES
FULL			FULL-DAY			FULL DAY	
REDUCED			PART-DAY			PART DAY	
PAID			DROP-IN			HOURLY	
						PRESCHOOL	
						B/A SCHOOL	

MEDICAL INFORMATION IMMUNIZATION DATES

VACCINE	2 MONTHS	4 MONTHS	6 MONTHS	12-15 MONTHS	4-6 YEARS
DTaP					
IPV					
HIB					
MMR					
	BIRTH	2 MONTHS	6 MONTHS	VARICELLA	
HEP B					

ALLERGIES YES NO
IF YES, WHAT?

SPECIAL NEEDS YES NO
IF YES, EXPLAIN:

SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD DEVELOPMENT PROGRAM (CDP) REPRESENTATIVE TO TRANSPORT MY CHILD, _____, FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY NAVY MEDICAL FACILITY.

SPONSOR SIGNATURE _____ DATE _____ CDS REPRESENTATIVE SIGNATURE _____ DATE _____

SPONSOR SIGNATURE _____ DATE _____ CDS REPRESENTATIVE SIGNATURE _____ DATE _____

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9D "Child Development Programs."

PURPOSE: To provide Child Development Services (CDS) programs with authorization for medical treatment in emergency situations. Idnetify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child Development Center or Family Child Care programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other Federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary, however, failure to provide the requested information could result in denial of a child's admission to the CDS programs.