

# MCAS Yuma

## Children Youth and Teen Programs

### REGISTRATION PACKET

Welcome to Children Youth and Teen Programs. We are very excited to welcome your family to our family. Life in the military creates some unique challenges. A large population of the staff at CYTP has the same experiences and understands the support required for family resiliency. Relationships are very important and we appreciate the trust you place in our staff and the overall program in caring for your child or children. Quality is of extreme importance to the families at Marine Corps Air Station, Yuma. In recognition of this, you will find the Child Development Center and the Child Development Center Annex is accredited by the National Association for the Education of Young Children and the Youth Center School Age Care program is accredited by the National After School Association.

#### CHILDREN YOUTH AND TEEN PROGRAMS OVERVIEW:

The **Child Development Center** (CDC) and **Child Development Center Annex** (CDCA) offer “full day” childcare for children 6 weeks old to 5 years old. Hourly care is also available on a first come, first serve basis with reservations. The hours of operation are from 0600-1800 Monday through Friday. Closures occur only on federal holidays. The only other closures that may occur are at the discretion of the MCAS Yuma Commanding Officer typically related to unforeseen circumstances. Age groups are divided chronologically (infants, ones, twos, preschool 3-4 and Pre-K).

The **Youth Center** offers before and after school childcare for children that are in Kindergarten to the age of 12 years. Programs for preteens and teenaged youth are also available at the Youth Center. The Youth Center has an affiliation with the Boys and Girls Clubs of America. “Camps” operate during school vacations for parents that need childcare during the day. There are two choices all day 0600-1800 or 0800-1500. Special events are held monthly at the Youth Center and preteen/teenaged youth have the opportunity to help organize and volunteer for these events.

**Family Child Care** offers a home style environment, with a small ratio and a family atmosphere, to children of all ages. Active Duty family members are certified to operate these homes after specific, extensive criteria has been met. Each provider obtains 40 hours of training before becoming certified, and must continue ongoing training after opening the home. Full time, hourly, overnight, and weekend care are available in most homes. Certified homes are inspected, monitored, and regulated.

#### NOTE: To participate in any one of the programs you must:

- Return a completed Registration Packet to our Resource and Referral office in the CDC Annex, 1071 Martini Ave, MCAS Yuma.
- Provide the following required documents: Birth Certificate (for under 10 years of age), Notarized Medical Power of Attorney (Encl), Family Care Plan (single & dual active duty only), child’s immunization records and health assessment (Encl). Enrollment into Full Day, Part Day, School Age Care or FCC requires pay information (LES- leave and earning statements) for both parents.
- Attend a Parent Orientation scheduled by R&R.

*For more information, please contact CYTP Resource and Referral at 928-269-3234 or 928-269-3251.*

This institution is an equal opportunity provider and employer.

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM  
REQUEST FOR CARE RECORD**

**PRIVACY ACT STATEMENT**

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.

**PRINCIPAL PURPOSE(S):** To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

1. DATE OF REQUEST (YYYYMMDD)	2. EXPIRATION DATE (YYYYMMDD)
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**3. FAMILY INFORMATION**

a. SPONSOR'S NAME (Last, First, Middle Initial)	b. SPOUSE'S NAME (Last, First, Middle Initial)	
c. CHILD'S NAME (Last, First, Middle Initial)	d. CHILD'S DATE OF BIRTH (YYYYMMDD)	e. CHILD'S AGE
f. HOME ADDRESS (Street, City, State, Zip Code)	g. SPONSOR'S BRANCH OF SERVICE	
	h. DUTY ORGANIZATION	
i. HOME TELEPHONE NUMBER (include Area Code)	j. DUTY TELEPHONE NUMBER (include Area Code)	

**k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)**

(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)	(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)

**4. PROGRAM(S) DESIRED (X as applicable)**

a. FULL-DAY CARE	e. FAMILY DAY CARE (FDC)	5. AGE GROUP (X one)
b. PART-DAY CARE	f. PART-DAY ENRICHMENT	a. INFANTS (0 - 12 months)
c. SCHOOL-AGE	g. DAY CAMP	b. TODDLERS (13 - 35 months)
d. SPECIAL NEEDS		c. PRESCHOOL (3 - 5 years)
		d. SCHOOL AGE (5+ years)

**6. SPONSOR STATUS (X one)**

a. SINGLE MILITARY	e. SINGLE DOD CIVILIAN	i. MILITARY/UNEMPLOYED SPOUSE
b. DUAL MILITARY	f. RETIRED MILITARY	j. MILITARY/OTHER THAN DOD SPOUSE
c. MILITARY/DOD SPOUSE	g. MILITARY RESERVE	k. OTHER (Specify)
d. DUAL DOD CIVILIANS	h. NATIONAL GUARD	

**7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)**

a. FDC ON-INSTALLATION	d. CIVILIAN CDC	g. IN-HOME CARE
b. FDC OFF-INSTALLATION	e. MILITARY ALTERNATE CARE	h. NO PRESENT CARE
c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)	f. NON-MILITARY ALTERNATE CARE	i. OTHER (Specify)

**8. GENERAL INFORMATION (X and complete as applicable)**

YES	NO	a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)	YES	NO	e. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?	d. CURRENT COST OF CARE PER WEEK (if child is currently in care)		

**9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)**

	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYYYMMDD)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In months)					

**Marine Corps Community Services  
Children Youth and Teen Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

**REQUEST FOR CHILD CARE**

1. Purpose. Eligible personnel as defined in StaO 1710.30E requesting services for children and youth are required to complete the DD form 2606 Department of Defense Child Development Program Request for Care Record.
2. Those requesting paid services (full day, part day and school age care) are required to sign below acknowledging the following requirements. Patron will complete DD 2606 and a registration packet. This information will be used to determine placement when a waiting list is necessary. Eligible patrons are active duty military and civilians aboard MCAS Yuma, reservists on active duty or during active training, and DoD contractors. Priority ranking is determined by Sponsor's status on DD 2606. Please see the eligibility form in the registration packet for further information.
3. CYTP Resource and Referral (R&R) personnel will follow up with this request within one week of submittal to determine if the referral made for the patron produced adequate child care placement. If placement has not been made or is inadequate, the patron's child will be put on the waiting list at their date of registry. Patrons will call and update at least every 6 weeks. Otherwise, the child will be removed from the waiting list and another DD 2606 is required to be placed back on the waiting list again.
4. Waiting list management. Each installation maintains two waiting lists. The first is the Unmet Need Waiting List (UNWL) and the second Preference for Care Waiting List (PCWL).
  - a. The UNWL contains the names of children whose parent's request childcare and who cannot be enrolled in one of the affordable options.
  - b. The PCWL contains the names of children who currently have care in one of the affordable options. But whose parent's desire placement in a Marine Corps sponsored program and decline to use an available space in one of the affordable options. Families requesting care for unborn children will be included on the PCWL and moved to the UNWL only after they notify CYTP of the child's birth. The original date of request of the DD 2606 will transfer with the family to UNWL. These are the designated priorities listed in the "Sponsor's Status" section 6 of form DD 2606:

Priority 1: a,b Priority 2: c,j,i Priority 3: f,g,h,d,e Priority 4: k

5. Resource and Referral will make a good faith effort to notify you by phone or email and offer you the opportunity to accept or decline childcare. Families on either waiting list may decline the offer of a space once and remain on the list moving to the bottom; a second decline will result in removal from the list and the patron will have to reapply. Those accepting the space must pay a non-refundable \$35 registration fee and sign a contract. Current leave and earning statements must be presented to determine the fee category the patron will be placed. Family Child Care is considered a viable option. If a space in FCC is offered and the patron declines this space, they will be placed at the bottom of the PCWL waiting list. Contact information will be provided to the patron to make arrangements for interview with FCC providers.

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Parent's Signature

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Date

**Marine Corps Community Services  
Children Youth and Teen Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

STATEMENT OF SPECIAL NEEDS/MEDICAL CONDITIONS

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

This is to aid Children Youth and Teen Program personnel in providing appropriate placement for the care of your child. Children with special needs may require smaller group sizes, teachers with specialized training, food substitutions, etc. Failure to disclose may lead to interruptions or termination of child care services. Please indicate if your child has any of the following:

- \_\_\_ 1. Asthma (Please indicate severity/triggers: \_\_\_\_\_)
- \_\_\_ 2. Apnea
- \_\_\_ 3. Autism or Autistic Spectrum Disorders (PDD-non specific, Asperger's Syndrome, Pervasive Developmental Disorder etc.)
- \_\_\_ 4. Allergies (all severe allergies to bee stings, environmental factors, foods etc.)
- \_\_\_ 5. Any chromosomal disorder such as Downs Syndrome, Velo Cardio Facial Syndrome, X chromosome disorders or a mutation of any chromosome.
- \_\_\_ 6. Seizure Disorders
- \_\_\_ 7. Diabetes
- \_\_\_ 8. Prematurely born (gestation of 36 weeks of less)
- \_\_\_ 9. Developmental Delay \_\_\_ communication or speech delay; \_\_\_ emotional delay; \_\_\_ motor/physical delay
- \_\_\_ 10. Developmental Disability (cognitive delay)
- \_\_\_ 11. Blood disorders (Hemophilia, etc). Please note, if HIV positive do not indicate it on this form to safe guard your child's confidentiality. You may choose to disclose the status to the center director.
- \_\_\_ 12. Attention Deficit Disorder or Attention Deficit Disorder with Hyperactivity
- \_\_\_ 13. Severe Behavior Disorder (SBD)
- \_\_\_ 14. Obsessive Compulsive Disorder (OCD)
- \_\_\_ 15. Other mental health condition such as Paranoia or Schizophrenia
- \_\_\_ 16. Hearing impaired or deaf
- \_\_\_ 17. Vision impaired or Blind
- \_\_\_ 18. Inability to walk (children over 16 mos.)
- \_\_\_ 19. Suffered severe physical trauma, due to incidents such as but not limited to, automobile accident, a severe fall, physical abuse.
- \_\_\_ 20. Suffered severe emotional trauma due to abuse, death of family member, etc.
- \_\_\_ 21. Digestive Disorder
- \_\_\_ 22. Respiratory Disorder
- \_\_\_ 23. Chronic Heart condition
- \_\_\_ 24. Disorder of the spine or skeletal system such as scoliosis.
- \_\_\_ 25. Missing limb
- \_\_\_ 26. Other social needs or medical condition not listed (please specify) \_\_\_\_\_
- \_\_\_ 27. My child has no special needs or medical conditions.

Explanation for any of the above: \_\_\_\_\_

If your child has been identified with any special needs, are you currently enrolled in the Exceptional Family Member Program? \_\_\_ Yes \_\_\_ No. SNERT packet is due \_\_\_\_\_

I have disclosed, to the best of my ability, any special needs or medical conditions my child may have. (All parents are required to sign and return this form; even if "no special needs" number 27 was marked.)

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ELIGIBILITY AND ENROLLMENT**

Eligibility for participation in Children Youth and Teen Programs is identified in MCO P1710.30E and is stated, "Eligible users shall include military personnel; DoD civilian personnel paid from appropriated funds (APF's) and non-appropriated funds (NAF's), active duty Coast Guard, reservists on active duty or during inactive duty for training, and DoD contract personnel who are performing mission related duty on the installation. Retirees may be eligible when a waiting list does not exist and space is available." Additionally at MCAS, Yuma, active duty parents that are not attached to the installation but that would otherwise qualify to use CYTP may write a hardship letter requesting the command to allow them to use services. The letter will explain the hardship that the family is experiencing and why they need services at MCAS, Yuma instead of where their active duty member is stationed. These hardship letters will only be considered if there is space available in the program and no waiting list exists for eligible users attached to MCAS, Yuma. The hardship letter will be submitted through the Resource and Referral office attached to a DD2606, Application for Child Care, and forwarded through the CYTP chain of command.

I certify that I am eligible to use the services offered by MCCS Children, Youth and Teen Programs. If my eligibility status changes during my child's enrollment, I will notify the program director at that time. A determination will be made on my child's continuing participation in the program. I understand that this may result in my child's disenrollment from services.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

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For Official Use Only  
PRIVACY ACT STATEMENT FOR CHILD CARE

**AUTHORITY:** 44 U.S.C. Section 3101; 5 U.S.C. Section 301; and Public Law 101-189 Section 1501 etseq.

**PRINCIPAL PURPOSES:** The information which will be solicited is intended principally for the purpose of determining eligibility relating to Children Youth and Teen Program, funding, fees assessment and other purposes as required in the course of the administration of CYTP.

**ROUTINE USES:** In addition to being used within the Departments of the Navy and Defense for the purposes indicated above, the information contained in these records may also be furnished to agencies of the Federal, State or Local law enforcement authorities, court authorities, administrative authorities, and regulatory authorities for the use in connection with civilian and military criminal, civil, administrative, and regulatory proceedings and actions.

**MANDATORY/VOLUNTARY DISCLOSURE; CONSEQUENCES OF REFUSING TO DISCLOSE:** Disclosure is voluntary; however, if requested information is not provided, individuals will not be allowed to utilize Children Youth and Teen Programs. If information is found false, services may be withdrawn or disallowed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Marine Corps Community Services  
Children, Youth and Teen Program  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

**REGISTRATION FORM FOR CHILDREN YOUTH AND TEEN PROGRAMS**

CHILD'S NAME First/Last	Male / Female	DOB
CHILD'S SCHOOL AND GRADE (if applicable)		
CHILD'S ALLERGIES OR SPECIAL NEEDS		
HOME ADDRESS	HOME PHONE	
CITY, STATE, ZIP CODE		
SPONSOR'S NAME First/Last	SPONSOR'S CELL PHONE	WORK PHONE
SPOUSE'S NAME First/Last	SPOUSE'S CELL PHONE	WORK PHONE
SPONSOR'S EMAIL ADDRESS	UNIT / WORK PLACE	GRADE / RANK
SPOUSE'S EMAIL ADDRESS	UNIT / WORKPLACE	GRADE / RANK

SPONSOR'S STATUS: ACTIVE DUTY RETIRED RESERVES DOD CIVILIAN OTHER \_\_\_\_\_

SNOIC/OIC RANK AND NAME	UNIT	WORK PHONE
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**PRIMARY LOCAL EMERGENCY CONTACT**

\*Used if parents cannot be reached; must list command person until a local friend is listed.  
\*Must be able to pick up child within one hour when contacted; must have access to the installation.

NAME	WORK PHONE	HOME PHONE	RELATIONSHIP
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The medical power of attorney will be used for emergency medical attention. Expenses will be accepted by the parent.

**NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM CYTP SERVICES**

\*List two additional persons other than primary local emergency contact who are authorized to pick up child. All emergency contacts must have access to the installation.

NAME	RELATIONSHIP	WK PHONE	HM PHONE
NAME	RELATIONSHIP	WK PHONE	HM PHONE
NAME	RELATIONSHIP	WK PHONE	HM PHONE

**\*I have presented a copy of my child's immunizations records. I will provide updates as my child receives more immunizations. I have presented a copy of my child's birth certificate if my child is less than 10 years of age. Parents will have to provide written notification for the release of any information pertaining to their family except when legal authority supersedes. This written notification will be kept on file. \*I understand that Children Youth and Teen Programs are NOT responsible for items that are lost or stolen.\*All items must be clearly and permanently marked with child's name before coming to the program.**

**Sponsor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administration Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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PERMISSION SLIPS

**FIELD TRIPS IN A VEHICLE**

WAIVER OF LIABILITY (Vehicle or Bus)

Release executed on (MM/DD/YY) \_\_\_\_\_ by (Parent's Name and Address) \_\_\_\_\_  
\_\_\_\_\_ for passenger (child's first & last name) \_\_\_\_\_  
of the City of YUMA, County of YUMA, State of ARIZONA, in favor of the United States Government.

In consideration of receiving transportation for the United States Marine Corps by motor vehicles from CHILDREN YOUTH AND TEEN PROGRAMS or a FAMILY CHILD CARE PROVIDER to a planned and approved destination, including such other transportation by this and other means that may be reasonably required, for the Year of 2013. I hereby release the United States Government including all its subdivisions, officers, military personnel DoD employees, and agents from all liability for any injuries or death that may result to me and/ or my child from this transportation, whether caused by negligence or otherwise. I understand that in transporting me and/or my child, the United States Government is not acting as a common carrier for hire and transportation. I also understand that I am under no obligation towards the United States Government except as imposed by this release. I agree that this release not only binds me, but also my family, heirs and assigns, administrators, and executors. I further state that I, \_\_\_\_\_ (parents name), have carefully read the foregoing release and know that contents thereof and sign this release as my own free act.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please be advised that the proper car seat/seat belt will be provided, either by the parent or by the CYTP, in order for my child to attend the field trip. If I choose to deny permission, I may be responsible for finding alternate care for my child during the duration of the field trip. I also understand that if I choose to accompany the field trip, I will be responsible for my child. In addition, each trip that uses any of the above vehicles will have a separate permission slip with the specific times, dates, and destination.

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**DAILY WALKS**

I give permission for the CYTP to take my child \_\_\_\_\_ on daily walks around the base. I understand I will be notified as to the destination and time of the walks, so that I may reach my child if necessary. I also understand that a cell phone and emergency information will be taken on each field trip.

YES \_\_\_ NO \_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**WATER PLAY**

I give permission for my child \_\_\_\_\_ to participate in water play within the CYTP/Provider's yard. Water play may include sprinklers, a water hose, small containers of water, and water tables; my child will need separate clothes to participate in water play. Wading pools will not be used.

YES \_\_\_ NO \_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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PHOTOGRAPH RELEASE

The United States Government has requested me to grant, release, and discharge to it certain rights (hereinafter more fully set forth) arising from my participation in a particular production (be it a motion picture film, telecast, video tape or film strip) to be made or produced for the United States Government.

This grant, release and discharge of said rights to the United States Government is made freely and without expectation of compensation of any kind in full cognizance of the risks inherent in the operational techniques employed in the production, including, but not limited to, the focusing of lights upon me, and in contemplation of the reliance by the United States Government upon the rights herein granted and release.

I hereby grant and release, to the United States Government, the following rights:

- a. To use my name, photograph, likeness, acts, poses, plays, and appearances made in connection with a said production in any manner; to record, reproduce amplify and simulate my voice and all instrumental, musical and other sounds effects produced by me; and reproduce, distribute, publish, exhibit, use, or transmit the same of any parts there of, by any means, in any manner and for any purpose whatsoever; and to use the same perpetually.
- b. The right to “Double” or Dub my voice, acts, poses, plays, and appearances, and all instrumental, musical and/or other sound effects produced by me to such extent as may be desirable by the United States Government.
- c. The release and discharge of the United States Government from any cause of action of whatever nature arising from my participation in the production.

This voluntary grant and release will not be made the basis of a future claim of any kind against the Government.

This grant, release and discharge, shall insure to the benefit of the United States Government, and it’s officers, agents, servants, and employees when acting in their official capacities, and to persons, firms, or corporations contracting with the Government, and their heirs, executors, administrators, successors or assigns and to any other persons lawfully reproducing, distributing, exhibiting or otherwise using the said production of any portion thereof.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I grant permission to have my child’s photograph taken.

\_\_\_\_\_ I decline to have my child’s photograph taken.

**Marine Corps Community Services  
Children Youth and Teen Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

From: Administrator, Children Youth and Teen Programs  
To: Children Youth and Teen Programs Patron

Subj: HEALTH ASSESSMENT

Encl: Children Youth and Teen Programs (CYTP) Health Assessment Form

1. Marine Corps Order P1710.30E requires children and youth that participate in programs to have a health screening at least annually. The documentation of the annual health screening will be kept on file in the child's record for the duration of the child's attendance in the program.
2. Parents are required to complete the endorsement and return the completed enclosure to the Resource and Referral office within one month of the enrollment date. This applies to children age 12 and under in FCC, CDC, and SAC. Children that are enrolled in programs for a year are required to have a new health assessment completed. This update will occur annually.
3. Children that do not meet these requirements may be disenrolled from the program until a time that the documentation is completed.
4. Parents that have a current health assessment may bring a copy of that with their signature and date on the bottom of the form in the margin. If children have been evaluated recently by their health care provider, the provider may fax the current health assessment to the Resource and Referral office.

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Endorsement

I have received the CYTP Health Assessment. I will return the completed Health Assessment signed by myself and my child's health care provider by \_\_\_\_\_.

Child or Children	Age	Date of Birth	Care Requested			
_____			FCC	CDC	SAC	hourly
_____			FCC	CDC	SAC	hourly
_____			FCC	CDC	SAC	hourly

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Parent's Signature

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Date

**Marine Corps Community Services  
Children Youth and Teen Programs  
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HEALTH ASSESSMENT FORM

Medical Facility \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Last Routine Check-Up \_\_\_\_\_

At last exam, was the child in good health? If NO, please explain.

Has any significant change in child's health occurred since last routine check-up? If YES, please explain.

List all prior hospitalizations, surgeries, other significant illnesses, injuries or medical problems.

Has the child exhibited any of the following: development delay, hyperactivity, bedwetting, potty-training problems? If YES, please explain.

List allergies (food, drug, bee sting, etc.) symptoms and treatment required.

List medical conditions requiring special care (physical or other).

List medications child is receiving daily or on a regular basis.

List and describe any unusual skin colorations (ex. Birth marks, Mongolian spots, etc.).

The child (named above) has been given a routine medical examination and has been found free of infectious or contagious diseases. The child can fully participate in Children Youth and Teen Programs with exceptions listed above. Immunization records for this child has been reviewed, updated and are current.

\_\_\_\_\_  
 Printed Name of Health Care Representative or Stamp

\_\_\_\_\_  
 Signature of Medical Facility Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

**SPECIAL POWER OF ATTORNEY (CHILD MEDICAL)**

*PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

**KNOW ALL PERSONS:** That I, \_\_\_\_\_, currently having a home of record of **or** residing at (City and State only) \_\_\_\_\_, \_\_\_\_\_ by this document do make and appoint Children Youth and Teen Program Staff, and/or Certified Family Child Care Provider, whose address is Yuma, AZ as my true and lawful attorney-in-fact to act as follows, GRANTING unto my said Attorney full power to:

Authorize and execute consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well-being of said children listed below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In the event of official orders or directives for the evacuation of military dependents from the area in which my children are residing, my Attorney-in-Fact shall perform any acts or functions and execute any documents necessary to accomplish the prompt and safe evacuation of my children from said area or to any other place in accordance with directions of proper evacuation authority or otherwise in the best interests of my said child(ren).

**TERMINATION:** This power shall remain in full force and effect until \_\_\_\_\_, unless sooner revoked or terminated by me.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing", "missing-in-action" or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to the United States Military control following termination of such status. This power of attorney shall not be affected by the disability of the principal.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal on this day, \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**ACKNOWLEDGEMENT BY NOTARY PUBLIC**

STATE OF ARIZONA, COUNTY OF YUMA, ss.

The foregoing instrument was acknowledged before me and the above named two witnesses, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public

**ACKNOWLEDGEMENT BY A PERSON AUTHORIZED TO ACT AS A NOTARY PURSUANT TO TITLE 10 U.S.C. 1044a**

With the United States Armed Forces

At MCAS YUMA, the forgoing instrument was acknowledged before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I do further certify that I am a person in the service of the U.S. Armed Forces authorized the general powers of a notary public under Title 10 U.S.C. 1044a and JAGMAN Chapter IX.

NO SEAL REQUIRED

SIGNATURE: \_\_\_\_\_

PRINT NAME, GRADE, ARMED FORCE: \_\_\_\_\_

**Marine Corps Community Services  
Children Youth and Teen Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

**HOURLY CHILD CARE CONTRACT FOR 2013**

PATRON understands that they will adhere to the following as an eligible participant of Children Youth and Teen Programs or forfeit services provided. Family Child Care Providers have individual contracts and the patron will be required to sign one when using Family Child Care.

1. PATRON's total charges for each "drop-in" service will be paid in full at the time the services are rendered. Fee assessment occurs in 60 minute increments starting on the hour or half hour. The charge is \$4.00 per hour for each child that receives child care. Reservations for care during the day may be made one week in advance. Notification for any changes in reservations after they have been made will occur 24 hours in advance and only when accommodations may be made without affecting another family. Children are not permitted to be dropped off between 1200 and 1400 and reservation availability will reflect this.
2. PATRON understands that a fee of \$10.00 will be assessed per child in the following situations: Non-cancellations within 24 hours of reservation or No Show (the child does not come to care for the reserved time). In situations where the child is late for the hourly care reservation, the \$4 hourly fee will be assessed from the time the reservation is made until the child is picked up. If the child is more than 30 minutes late, the reservation will be cancelled and the \$10.00 No Show fee will be assessed. If the patron comes after 30 minutes, they will not have child care unless additional space is available but their initial reservation will not be held and the \$10.00 fee will still apply along with any additional hourly care fees.
3. If the designated person picking a child up seems impaired due to alcohol or otherwise, the child will not be allowed to leave with this person. The military police will be notified. The staff will use their best judgment in this situation.
4. PATRON will leave a phone number and place where they can be reached at all times in cases of emergency.
5. PATRON will provide up to date information including immunization records at the request of CYTP. Patron understands that their child will not be admitted into care with obvious signs of illness. If the child becomes ill or is suspected of a contagious illness, parents have 60 minutes from the time of notification to pick the child up. If they are unavailable or unable, a person from the child's pick up list will be notified to pick up.
6. PATRON agrees to pay an assessment of \$25.00 on all returned checks. **\$1.00 every minute will be assessed on all hourly fees if the child is not picked up by the designated time for the reservation to end.** PATRON understands that if fees are not paid, the account will be turned over to collection and wages may be garnished. Patron further agrees to pay MCCA additional collection fees for any collection efforts required for the settlement of the debt, to include the centralized automated Pay Adjustment Authorization (DD139) process set forth in MCO7220.49A. Participation will be terminated until all fees are paid.
7. PATRON has access to their child at all times. No outside food or drink is allowed unless special arrangements have been made with the center director *prior* to care. CYTP is not responsible for lost, stolen or damaged items. Mark all items clearly with child's name.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patron's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administration Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM  
MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)  
FISCAL YEAR 2013**

**CACFP MEAL BENEFIT INCOME ELIGIBILITY LETTER  
(CHILD CARE CENTER)**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. This center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals:

Household size	Yearly
1	\$20,665
2	\$27,991
3	\$35,317
4	\$42,643
5	\$49,969
6	\$57,295
7	\$64,621
8	\$71,947
Each additional person:	\$ 7,326

Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In order for the center to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the household member who signs the application, and the date and signature of the adult household member who completed the application. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

If a child is a foster child or a member of a SNAP or FDPIR household or is a TANF recipient, the child is automatically eligible to receive free Program meal benefits, subject to the completion of this application. If a child is a Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to submission by Head Start officials of a Head Start statement of income eligibility documentation. Family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment; provided that the loss of income causes the family income during the period of unemployment to be eligible for those meals.

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Privacy Act Statement (This explains how we will use the information you give us): **The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.**

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**Non-discrimination Statement (This explains what to do if you believe you have been treated unfairly):** "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

**CHILD AND ADULT CARE FOOD PROGRAM  
MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)  
FISCAL YEAR 2013**

<b>Part 1. All Household Members (including enrolled children): Request additional sheets if necessary.</b>				
<b>Names of all household members</b> (First, Middle Initial, Last)	<b>DATE OF BIRTH</b> (MM/DD/YY)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT). IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM.	<b>CHECK IF NO INCOME</b>	
Adult Household Member #1:		<input type="checkbox"/>	<input type="checkbox"/>	
Adult Household Member #2:		<input type="checkbox"/>	<input type="checkbox"/>	
Adult Household Member #3:		<input type="checkbox"/>	<input type="checkbox"/>	
Child #1:		<input type="checkbox"/>	<input type="checkbox"/>	
Child #2:		<input type="checkbox"/>	<input type="checkbox"/>	
Child #3:		<input type="checkbox"/>	<input type="checkbox"/>	
Child #4:		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Part 2. Benefits:</b> If any member of your household receives SNAP, FDPIR, or TANF, provide the name and case number for the person who receives benefits and skip to part 4. <b>If no one receives these benefits, skip to part 3.</b>				
NAME: _____ CASE NUMBER: _____				
<b>Part 3. Total Household Gross Income (income before any deductions) You must tell us how much and how often:</b>				
<b>A. Name</b> (List only household members with income)	<b>B. Gross income and how often it is received: identify weekly, every other week, monthly, yearly...</b>			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	<b>how much/how often</b>	<b>how much/how often</b>	<b>how much/how often</b>	<b>how much/how often</b>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
<b>Part 4. Signature and last four digits of Social Security Number:</b> An adult household member must sign this form. <b>If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number.</b> (See Privacy Act Statement on the back of this page.)				
<i>I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>				
Sign here: _____ Print name: _____ Date: _____				
Address: _____ Phone Number: _____				
City: _____ State: _____ Zip Code: _____				
Last four digits of Social Security Number: * * * - * * - _____ If no SSN, write the word "NONE" _____				
<b>Part 5.</b> If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school , homeless liaison, or migrant coordinator Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>				
<b>Part 6. Participant's ethnic and racial identities (optional):</b>				
Mark one ethnic identity:	Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
	<input type="checkbox"/> Black or African American			
<b>Don't fill out this part. This is for official use only:</b>				
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12				
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____				
Categorical/Income Eligibility: Free _____ Reduced _____ Paid _____				
Foster Child Eligibility: Free _____				
Determining Official's Signature: _____ Date: _____				
Confirming Official's Signature: _____ Date: _____				