



***SPONSOR INFORMATION***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
UNIT/EMPLOYER: \_\_\_\_\_ UNIT PHONE: \_\_\_\_\_  
BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_  
MILITARY E-MAIL: \_\_\_\_\_  
ALTERNATE E-MAIL: \_\_\_\_\_

***SPOUSE INFORMATION***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
UNIT/EMPLOYER: \_\_\_\_\_ UNIT PHONE: \_\_\_\_\_  
BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_  
MILITARY E-MAIL: \_\_\_\_\_  
ALTERNATE E-MAIL: \_\_\_\_\_

***EMERGENCY CONTACTS***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

SPONSOR'S SS#: \_\_\_\_\_  
SPOUSE'S SS#: \_\_\_\_\_

***CHILDREN INFORMATION***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_\_ SS# \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_\_ SS# \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_\_ SS# \_\_\_\_\_



## Child & Youth Services (CYS) Registration Checklist



All applicable documents and completed application are **required** to complete the registration process for CYC programs:

\_\_ **Identification Card/Proof of Child Eligibility** (One of the following: Legal Guardianship papers, Child's Military ID Card, Tricare Card, DEERS printout, Child's Birth Certificate.)

\_\_ **Child's official Immunization Records** (Birth thru Elementary school.)

\_\_ **Current Health Assessment/Sports Physical Form** (If not available, patrons will have **30 days** from date of registration to submit the completed form. Required for each child birth thru elementary school.)

\_\_ **Information on child/children's special needs** (Asthma, ADD, ADHD, medications, allergies, speech delays, Exceptional Family Member Program (EFMP). Additional forms may be needed and your child may need to be scheduled for a Special Needs Screening prior to using any CYC Program.)

\_\_ **Proof of Income** (Current LES and pay statements to verify income. Patrons working less than 40 hours per week must provide the most recent 3 consecutive paystubs. If proper documentation is not provided, fees are figured at the highest fee category.)

\_\_ **Family Care Plan** (Active duty parents who are single or dual military, must submit completed DA Form 5305-R from the Family Care Plan packet within **30 days** from childcare start date.)

\_\_ **Completed CYC application** (Complete the application attached in its entirety.)

*There is no cost for registering with CYC. Registration is valid for one year.*

**Please contact Parent Central Services in Building 470 Room 1126 or call 596-0238/0421 to schedule your registration appointment. Walk-ins welcome. Fax 573-596-6978**