



Child & Youth Services (CYS) Registration Checklist



Child Development Center (CDC) / School Age Center (SAC) / Family Child Care (FCC)

- **CYS Application**
- **Identification Card/Proof of Child Eligibility**
(One of the following: Legal Guardianship papers, Child's Military ID Card, DEERS printout, Child's Birth Certificate.)
- **Copy of Child's Immunization Records**
(Birth thru 5 years old NOT in Kindergarten.) (All ages if home-schooled or child attends private school)
- **Current Health Assessment Form**
Due 30 days from date of registration.
- **Information on child/children's special needs**
(Asthma, ADD, ADHD, medications, allergies, speech delays, IEP/504, Exceptional Family Member Program EFMP). Additional forms may be needed and your child may need to be scheduled for a Multidisciplinary Inclusion Action Team (MIAT) Screening prior to using any CYS 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 pay-stubs).
- **Family Care Plan**
DA Form 5305-R Single / Dual Military Only. Due 30 days from start date.
- **10% deposit** (10% of monthly fees. This will be applied to the first billing when child starts care).

Sports

- CYS Application
- Identification Card/Proof of Child Eligibility
- Current Sports Physical Form (must be turned in prior to participating)
- Information on child/children's special needs
- Immunization Records for child/children unless they are attending K-12 public school.

Middle School Teen (MST) Center

- CYS Teen Registration Form/Sponsor Consent
- Information on child/children's special needs

Annual Influenza vaccine is a CYS requirement for all children/youth by December 1st for each flu season (Oct-May).

There is no cost for registering with CYS. Registration is valid for one year. Please return to Parent Central Services in Building 470 Room 1126 or call

573-596-0238/0421/6294/8675.



CYS APPLICATION

SPONSOR INFORMATION

FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____
UNIT/EMPLOYER: _____ CELL PHONE: _____
BRANCH: _____ RANK: _____ CELL PROVIDER: _____
E-MAIL: _____ UNIT/WORK PHONE: _____
ETHNICITY: _____

SPOUSE INFORMATION

FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____
UNIT/EMPLOYER: _____ CELL PHONE: _____
BRANCH: _____ RANK: _____ UNIT/WORK PHONE: _____
E-MAIL: _____ ETHNICITY: _____

EMERGENCY CONTACTS (Other than sponsor and spouse. Both must be authorized to pick up.)

FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____ RELATION TO CHILD: _____

FIRST NAME: _____ LAST NAME: _____
PHONE NUMBER: _____ RELATION TO CHILD: _____

CHILDREN INFORMATION

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: _____
GRADE: _____ RELATION TO SPONSOR: _____ GENDER: _____

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: _____
GRADE: _____ RELATION TO SPONSOR: _____ GENDER: _____

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: _____
GRADE: _____ RELATION TO SPONSOR: _____ GENDER: _____