

**TRANSPORTATION AUTHORIZATION FORM**

I, \_\_\_\_\_, give my son/daughter permission to be transported in the vehicle supplied by MWR for special field trips.

\_\_\_\_\_  
Signature or Parent or Guardian

\_\_\_\_\_  
Date

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**WALKING FIELD TRIP AUTHORIZATION FORM**

I, \_\_\_\_\_, give my son/daughter permission to participate in walking field trips here at Naval Support Activity Bethesda.

\_\_\_\_\_  
Signature or Parent or Guardian

\_\_\_\_\_  
Date

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**PHOTO RELEASE FORM**

The Child Development Center on occasion has photos made of the children. This may be when we follow our daily routine or have special events. Sometimes on field trips a caregiver will take photos to display in the child's classroom or in the hallway. Occasionally, we have parents who may film their children with their friends on their birthdays. Rest assured that no photographs will be taken in any inappropriate areas of the center, i.e. diaper changing areas, restrooms, etc...

I, \_\_\_\_\_, (the parent or guardian) give my son/daughter \_\_\_\_\_ permission to have their picture/video taken in the Child Development Center or on field trips.

\_\_\_\_\_  
Signature or Parent or Guardian

\_\_\_\_\_  
Date

**NAVY CHILD AND YOUTH PROGRAMS  
MEDICAL AUTHORIZATION FORM**

REQUIRING DIRECTIVE OPNAVINST 1700.9

Dear Pediatric Health Provider,

\_\_\_\_\_ has been excluded from Navy Child Care on \_\_\_\_\_ for the following  
(child's name)

health reason:

Unable to participate in normal activities \_\_\_\_\_

Requires more care than the staff can provide \_\_\_\_\_

Displays what could be a symptom of an illness that merits exclusion according to the American Academy of Pediatrics/American Public Health Association (available at <http://nrc.uchsc.edu/CFOC/index.html>) \_\_\_\_\_

Has a temperature \_\_\_\_\_  
Degree Time

CYP Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please assess this child by history and physical exam (labs only if needed) for:

- 1) the **presence of harmful communicable illness** such as, enteric pathogens (salmonella, shigella, E. coli 0157:H7, campylobacter, giardia, hepatitis A), pertussis, measles, mumps, varicella, rubella, diphtheria, or tuberculosis
- 2) the **presence of signs/symptoms of severe illness** such as, dehydration, respiratory distress, or lethargy
- 3) the **presence of any condition that would preclude the child from returning** to normal child care.

Please indicate below:

Harmful communicable disease No  Yes

Signs of severe illness No  Yes

Condition precluding return No  Yes

If yes, may return once \_\_\_\_\_ resolves.

Diagnosis/Treatment  
\_\_\_\_\_  
\_\_\_\_\_

Please **complete the medication administration form** on the back (include Tylenol or Motrin!!) **Do not write prn orders.** These are confusing for child-care providers. **Include an Asthma Action Plan** for acutely ill asthmatics.

Signature/Stamp \_\_\_\_\_

**NAVY CHILD AND YOUTH PROGRAMS  
MEDICATION ADMINISTRATION FORM**

REQUIRING DIRECTIVE OPNAVINST 1700.9

**NAVY CYP MEDICATION ADMINISTRATION FORM**

It is preferable that medication not be administered within the CYP Programs. When possible, parents and physicians should adjust medication schedules so that the program staff are not responsible for administration. We recognize that this is not always possible and we will agree to administer any medication as follows:

- ✓ Written orders by a physician must be on file in order to administer any medication.
- ✓ Parent/legal guardian must sign the liability release.
- ✓ Child shall be monitored on the medication for 24 hours each time medication is prescribed before the program staff administers medication.
- ✓ Children who need medications administered for extended time periods, or that have special health concerns will be required to complete Special Needs paperwork and be reviewed by the special needs review board.

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED LEGIBLY BY A PHYSICIAN**

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**Name of Medication to be Administered by CYP Staff**

\_\_\_\_\_  
**Time of Day and/or Frequency Medication is to be Administered**

\_\_\_\_\_  
**Duration of Medication (Dates)**

\_\_\_\_\_  
**Any Known Allergies**

**Can this medication schedule be adjusted so the medication is administered outside the CYP hours only?**  YES  NO

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date of Order**

**PARENTAL CONSENT/WAIVER/RELEASE AND INDEMNIFICATION**

I hereby give consent for the CYP staff to administer medication to my child as directed above by the physician. I agree to indemnify and hold harmless Navy Child and Youth Programs, MWR, a non-appropriated fund instrumentality of the United States Navy, and any other instrumentality of the United States, and their officers, agents, and employees from any losses, expense, damage, claim, suit, or judgment arising out of or resulting from administration of medication to my child. As the parent/legal guardian, I agree to assume all risk associated with administration of medication including inadequacy or failure of staff and I also assure the said medication is safe for my child.

\_\_\_\_\_  
(Print) Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PRIVACY SENSITIVE

**NAVY CHILD AND YOUTH PROGRAMS  
HOURLY CHILD DAILY FORMS**

**Daily Care Form - Infant**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

**INFORMATION FROM HOME (to be filled out by parent)**

Before arriving at the center, your child:

Drank bottle: \_\_\_\_\_ ounces Time: \_\_\_\_\_ Ate Solid food: \_\_\_\_\_ Time: \_\_\_\_\_

What time will your child be ready for another bottle or meal? \_\_\_\_\_

Did your child nap today?  Yes  No If yes, what time and for how long: \_\_\_\_\_

What time will your child be ready for another nap? \_\_\_\_\_ For how long: \_\_\_\_\_

Is your child on medication(s)?  Yes  No *If yes, which medications and why?* \_\_\_\_\_

Will the center administer the medication?  Yes  No

*If yes, have medication forms been completed?*  Yes  No

Additional information for the caregivers to know about your child's daily requirements or routine: \_\_\_\_\_

**DAILY HEALTH CONCERNS (to be filled out by parent)**

Allergies: \_\_\_\_\_ Teething: \_\_\_\_\_ Rashes: \_\_\_\_\_

Bumps, bruises, or marks: \_\_\_\_\_

Additional information for the caregivers: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD'S DAY (to be filled out by Navy CYP)**

Meals		Diaper Changes		Sleeping Schedule	
Time	Formula/Food Oz.	Time	Wet/Dry/BM	Time	Asleep/Awake

Notes to parents: \_\_\_\_\_

For your next visit, be sure to bring: \_\_\_\_\_

**Thank you! We look forward to seeing you again soon!**

**NAVY CHILD AND YOUTH PROGRAMS  
ALL CHILD AND YOUTH PROGRAM EMPLOYEES**

**Daily Care Form - Pretoddler**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_  
 Pick Up Time: \_\_\_\_\_

**INFORMATION FROM HOME (to be filled out by parent)**

What time did your child wake up today? \_\_\_\_\_  
 Does your child usually nap?  Yes  No If so, for how long: \_\_\_\_\_  
 Has your child had breakfast/lunch?  Yes  No  
 Is your child on medication(s)?  Yes  No *If yes, which medications and why?* \_\_\_\_\_  
 \_\_\_\_\_  
 Will the center administer the medication?  Yes  No  
*If yes, have medication forms been completed?*  Yes  No  
 Additional information for the caregivers to know about your child's daily requirements or routine: \_\_\_\_\_  
 \_\_\_\_\_

**DAILY HEALTH CONCERNS (to be filled out by parent)**

Allergies: \_\_\_\_\_ Teething: \_\_\_\_\_ Rashes: \_\_\_\_\_  
 Bumps, bruises, or marks: \_\_\_\_\_  
 Additional information for the caregivers: \_\_\_\_\_  
 \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD'S DAY (to be filled out by Navy CYP)**

For breakfast I ate:  None  Some  All Comment: \_\_\_\_\_  
 For lunch I ate:  None  Some  All Comment: \_\_\_\_\_  
 During quiet time I:  Slept  Rested quietly  Didn't feel like resting

Diaper Changes			
W = Wet		D = Dry	
		BM = Bowel Movement	
Time	Type	Time	Type

Your child enjoyed the following activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Overall, your child's day was: \_\_\_\_\_

**Thank you! We look forward to seeing you again soon!**

**NAVY CHILD AND YOUTH PROGRAMS  
ALL CHILD AND YOUTH PROGRAM EMPLOYEES**

**Daily Care Form - Toddler**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_  
 Pick Up Time: \_\_\_\_\_

**INFORMATION FROM HOME (to be filled out by parent)**

What time did your child wake up today? \_\_\_\_\_  
 Does your child usually nap?  Yes  No If so, for how long: \_\_\_\_\_  
 Has your child had breakfast/lunch?  Yes  No  
 Is your child on medication(s)?  Yes  No *If yes, which medications and why?* \_\_\_\_\_  
 Will the center administer the medication?  Yes  No  
*If yes, have medication forms been completed?*  Yes  No  
 Additional information for the caregivers to know about your child's daily requirements or routine: \_\_\_\_\_

**DAILY HEALTH CONCERNS (to be filled out by parent)**

Allergies: \_\_\_\_\_ Teething: \_\_\_\_\_ Rashes: \_\_\_\_\_  
 Bumps, bruises, or marks: \_\_\_\_\_  
 Additional information for the caregivers: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD'S DAY (to be filled out by Navy CYP)**

For breakfast I ate:  None  Some  All Comment: \_\_\_\_\_  
 For lunch I ate:  None  Some  All Comment: \_\_\_\_\_  
 During quiet time I:  Slept  Rested quietly  Didn't feel like resting

Diaper Changes					
W = Wet		D = Dry		BM = Bowel Movement	
Time	Type	Time	Type	Time	Type

Potty Attempts					
W = Wet		D = Dry		BM = Bowel Movement	
Time	Type	Time	Type	Time	Type

Your child enjoyed the following activities: \_\_\_\_\_  
 Overall, your child's day was: \_\_\_\_\_

**Thank you! We look forward to seeing you again soon!**

**NAVY CHILD AND YOUTH PROGRAMS  
ALL CHILD AND YOUTH PROGRAM EMPLOYEES**

**Daily Care Form - Preschool**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's name: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_  
Pick Up Time: \_\_\_\_\_

**INFORMATION FROM HOME (to be filled out by parent)**

What time did your child wake up today? \_\_\_\_\_  
Does your child usually nap?  Yes  No If so, for how long: \_\_\_\_\_  
Has your child had breakfast/lunch?  Yes  No  
Is your child on medication(s)?  Yes  No *If yes, which medications and why?* \_\_\_\_\_  
\_\_\_\_\_  
Will the center administer the medication?  Yes  No  
*If yes, have medication forms been completed?*  Yes  No  
Additional information for the caregivers to know about your child's daily requirements or routine: \_\_\_\_\_  
\_\_\_\_\_

**DAILY HEALTH CONCERNS (to be filled out by parent)**

Allergies: \_\_\_\_\_ Teething: \_\_\_\_\_ Rashes: \_\_\_\_\_  
Bumps, bruises, or marks: \_\_\_\_\_  
Additional information for the caregivers: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD'S DAY (to be filled out by Navy CYP)**

For breakfast I ate:  None  Some  All Comment: \_\_\_\_\_  
For lunch I ate:  None  Some  All Comment: \_\_\_\_\_  
During quiet time I:  Slept  Rested quietly  Didn't feel like resting  
Attached is a:  Photo  Work Sample  
Your child enjoyed the following activities: \_\_\_\_\_  
\_\_\_\_\_  
Overall, your child's day was: \_\_\_\_\_

**Thank you! We look forward to seeing you again soon!**



## **INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM**

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

**STATUS BLOCK:** Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be maintained in the child's administrative file. The child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. A copy shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency.

### **CHILD DEVELOPMENT HOME PROGRAMS:**

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

### **FOR ALL PROGRAMS:**

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.

# NAVY CHILD AND YOUTH PROGRAMS CHILD AND FAMILY PROFILE (INFANT)

REQUIRING DIRECTIVE OPNAVINST 1700.9

<b>PRIVACY ACT STATEMENT</b>		
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 1700.9 "Child and Youth Programs."		
PURPOSE: To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.		
ROUTINE USES The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.		
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary.		
<b>NAME OF SPONSOR/PARENT:</b>	<b>NAME OF SPOUSE:</b> (if applicable)	
<b>DUTY STATION/PLACE OF EMPLOYMENT:</b>		
<b>CHILD DATA</b>		
NAME: (LAST, FIRST, MI)	NICKNAME:	BIRTH DATE:
<b>TELL US ABOUT YOUR CHILD</b>		
<b>DIAPERING</b>		
Are there any special instructions for diaper changes?		
<b>SLEEPING</b>		
What signs does your child exhibit when he/she is tired and needs to sleep?		
When does your child usually sleep?		
How long does he or she usually sleep?		
What helps your child to fall asleep?		
We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? (Y/N)		
How does your child wake up?		
Does he or she wake up quickly or slowly?		
Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?		

**EATING**

Are you breast-feeding or bottle-feeding your baby?

If breast-feeding, will you come to the center to breast-feed? Y/N

If so, what time?

If not, will you send expressed breast milk?

What kind of formula do you use?

How do you prepare the bottles?

How much do you prepare at one time?

How much does your baby drink at one time?

Does your baby drink bottles of water during the day? Y/N If so, how much?

Is your baby eating solid foods? Y/N

If so, which ones?

When?

How do you prepare your baby's solid foods?

How much does your baby eat at one time?

How is your baby used to being fed (in what position)?

Does your baby eat any finger foods? If so, which ones?

**DRESSING**

Is there anything special we should know about dressing and undressing your child?

Does your child have any birthmarks or other identifiable markings the staff should be aware of? If so, where are they located?

**AWAKE TIME**

How does your baby like to be held?

What position does your baby prefer when awake?

What does your child like to do when awake?

How do you play with your child?

CHILD'S FAVORITES				
FOODS		TOYS		ACTIVITIES
SPECIAL CONSIDERATIONS				
FEARS/DISLIKES		PERSONALITY CHARACTERISTICS		SPECIAL NEEDS
CHILD INFORMATION				
PREVIOUS GROUP EXPERIENCE			RESPONSE TO NEW/STRANGE SITUATIONS	
FAMILY INFORMATION			PET INFORMATION	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
EXTENDED FAMILY (LIVING WITH CHILD OR CLOSE BY)	NAME		RELATIONSHIP	
Anything else we should know about your child?				
PARENT SIGNATURE				DATE

# NAVY CHILD AND YOUTH PROGRAMS

## CHILD AND FAMILY PROFILE

### (PRETODDLER AND TODDLER)

REQUIRING DIRECTIVE OPNAVINST 1700.9

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 1700.9 "Child and Youth Programs."			
PURPOSE: To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.			
ROUTINE USES The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.			
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary.			
NAME OF SPONSOR/PARENT:		NAME OF SPOUSE: (if applicable)	
DUTY STATION/PLACE OF EMPLOYMENT:			
CHILD DATA			
NAME: (LAST, FIRST, MI)		NICKNAME:	BIRTH DATE:
DEVELOPMENTAL TASKS/ACCOMPLISHMENTS			
WALKS	<input type="checkbox"/> With Support	<input type="checkbox"/> Independently	
SPEAKS	<input type="checkbox"/> Single Words	<input type="checkbox"/> Phrases	<input type="checkbox"/> Sentences
TOILET TRAINED	<input type="checkbox"/> Day	<input type="checkbox"/> Night	
READINESS SKILLS	<input type="checkbox"/> Colors/Scribbles	<input type="checkbox"/> Cuts with Scissors	
ATTENDS TO TASKS	<input type="checkbox"/> Up to 3 Minutes	<input type="checkbox"/> 3 to 5 Minutes	<input type="checkbox"/> More than 5 Minutes
ACTIVITY LEVEL	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
PLAYS	<input type="checkbox"/> Alone	<input type="checkbox"/> Near Others	<input type="checkbox"/> With Others
SELF-HELP SKILLS	<input type="checkbox"/> Uses Spoon	<input type="checkbox"/> Toilets with Help	<input type="checkbox"/> Drinks from Cup
Child's Primary Language at Home:			
PRETODDLER/TODDLERS UNIQUE VOCABULARY			
(List child's special words beside what they mean)			
ADULT WORD YOUR CHILD INTERPRETS	WORD(S) YOUR CHILD USES	OTHER ADULT WORDS INTERPRETED BY YOUR CHILD	WORD(S) YOUR CHILD USES
DRINK			
BATHROOM			
BOWEL MOVEMENT			
URINATION			
SPECIAL TOYS			
CHILD'S FAVORITES			
FOODS	TOYS	ACTIVITIES	

<b>SPECIAL CONSIDERATIONS</b>				
FEARS/DISLIKES		PERSONALITY CHARACTERISTICS		SPECIAL NEEDS
<b>CHILD INFORMATION</b>				
PREVIOUS GROUP EXPERIENCE			RESPONSE TO NEW/STRANGE SITUATIONS	
NAP <input type="checkbox"/> YES <input type="checkbox"/> NO			USUAL NAPTIME	USUAL BEDTIME
<b>FAMILY INFORMATION</b>			<b>PET INFORMATION</b>	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
<b>EXTENDED FAMILY (LIVING WITH CHILD OR CLOSE BY)</b>	NAME		RELATIONSHIP	
Does your child have any birthmarks or other identifiable markings the Staff should be aware of? If so, where are they located?				
Anything else we should know about your child?				
<b>PARENT SIGNATURE</b>				<b>DATE</b>

# NAVY CHILD AND YOUTH PROGRAMS CHILD AND FAMILY PROFILE (PRESCHOOL)

REQUIRING DIRECTIVE OPNAVINST 1700.9

### 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 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.

**ROUTINE USES:** The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary.

**NAME OF SPONSOR/PARENT:**

**NAME OF SPOUSE:** (if applicable)

**DUTY STATION/PLACE OF EMPLOYMENT:**

### CHILD DATA

NAME: (LAST, FIRST, MI)

NICKNAME:

BIRTH DATE:

### DEVELOPMENTAL TASKS/ACCOMPLISHMENTS

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Knows Age           | <input type="checkbox"/> Counts 1-10                        | <input type="checkbox"/> Recognizes Some Letter     |   |
| <input type="checkbox"/> IDs Friends By Name | <input type="checkbox"/> Recognizes Own Written Name        |   |   |
| <input type="checkbox"/> Classifies Objects  | <input type="checkbox"/> Compares Objects                   | <input type="checkbox"/> Arranges Objects in Series |   |
| <input type="checkbox"/> Cuts With Scissors  | <input type="checkbox"/> Draws Pictures                     | <input type="checkbox"/> Enjoys Being Read To       |   |
| <input type="checkbox"/> Follow Directions   | <input type="checkbox"/> Manages Feelings Appropriately     | <input type="checkbox"/> Shares                     |   |
| <input type="checkbox"/> Climbs              | <input type="checkbox"/> Jumps                              | <input type="checkbox"/> Pedals Tricycle            | <input type="checkbox"/> Throws/Catches Ball                    |
| <b>ATTENDS TO TASKS</b>                      | <input type="checkbox"/> Up To 5 Minutes                    | <input type="checkbox"/> 5 To 15 Minutes            | <input type="checkbox"/> More Than 15 Minutes                   |
| <b>ACTIVITY LEVEL IS</b>                     | <input type="checkbox"/> Low                                | <input type="checkbox"/> Moderate                   | <input type="checkbox"/> High                                   |
| <b>PREFERS TO PLAY</b>                       | <input type="checkbox"/> Alone                              | <input type="checkbox"/> Near Others                | <input type="checkbox"/> With Others                            |
| <b>WHEN SPEAKING USES</b>                    | <input type="checkbox"/> Single Words                       | <input type="checkbox"/> Phrases                    | <input type="checkbox"/> Sentences                              |
| <b>SELF-HELP SKILLS</b>                      | <input type="checkbox"/> Feeds Self                         | <input type="checkbox"/> Toilets With Help          | <input type="checkbox"/> Dresses                                |
|  | <input type="checkbox"/> Ties <input type="checkbox"/> Zips | <input type="checkbox"/> Toilets Without Help       | <input type="checkbox"/> Buttons <input type="checkbox"/> Snaps |

**CHILD'S PRIMARY LANGUAGE:**

**OTHER LANGUAGES:**

### CHILD'S FAVORITES

FOODS

TOYS

ACTIVITIES

<b>SPECIAL CONSIDERATIONS</b>				
<b>FEARS/DISLIKES</b>		<b>PERSONALITY CHARACTERISTICS</b>		<b>SPECIAL NEEDS</b>
<b>CHILD INFORMATION</b>				
<b>PREVIOUS GROUP EXPERIENCE</b>			<b>RESPONSE TO NEW/STRANGE SITUATIONS</b>	
NAP <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>USUAL NAPTIME</b>	<b>USUAL BEDTIME</b>
<b>FAMILY INFORMATION</b>			<b>PET INFORMATION</b>	
<b>SIBLINGS</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>TYPE</b>	<b>NAME</b>
<b>EXTENDED FAMILY (LIVING WITH CHILD OR CLOSE BY)</b>	<b>NAME</b>		<b>RELATIONSHIP</b>	
Does your child have any birthmarks or other identifiable markings the Staff should be aware of? If so, where are they located?				
Anything else we should know about your child?				
<b>PARENT SIGNATURE</b>				<b>DATE</b>

**NAVY CHILD AND YOUTH PROGRAMS  
CHILD AND FAMILY PROFILE  
(SCHOOL-AGE CARE AND YOUTH)**

REQUIRING DIRECTIVE OPNAVINST 1700.9

**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 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.

**ROUTINE USES:** The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary.

**PARTICIPANT DATA**

NAME: (LAST, FIRST, MI)

NICKNAME:

BIRTH DATE:

SCHOOL YOU ATTEND:

**WRITTEN INTERVIEW**

**(To Be Answered By the Participant With Adult Assistance If Necessary)**

What things do you do as a family for fun?

What is your favorite family activity?

What do you do with your friends for fun?

If you could participate in any activity what would it be? (Example: snorkeling, surfing, running a marathon)

What do you enjoy doing when you are alone? (Example: listening to music, reading, video games, surfing the net)

What are your favorite games? (List specific video games, outdoor games, board games, table games, other)

What do you use a computer for? (Example: communicate with a deployed parent, communicate with friends, gaming, surfing)

What sports do you enjoy?

As a spectator, a participant, or both?

Do you presently have the opportunity to participate?

What arts and hobbies do you enjoy? (for example: photography, needlework, painting/drawing, woodworking, music, etc.)

Do you play a musical instrument? If so, what do you play?

What chores are you assigned at home?

What are your favorite subjects at school?

Have you ever been paid for a job outside the home? What was it?

If you could order any piece of equipment for the center what would it be?

What personal accomplishment makes you most proud?

What would you most like to accomplish in your lifetime?

Who is your hero? Who do you most want to be like?

FAMILY INFORMATION			PET INFORMATION	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
<b>EXTENDED FAMILY (LIVING WITH PARTICIPANT OR CLOSE BY)</b>	NAME		RELATIONSHIP	
Anything else you would like us to know about you?				
<b>PARTICIPANT SIGNATURE</b>			<b>DATE</b>	

# NSAB CDC CHILD CHECK-OUT AUTHORIZATION CARD



\_\_\_\_\_  
CHILD'S LAST NAME, FIRST, M.I.

\_\_\_\_\_  
DATE CARD ISSUED

1. The following parent(s)/guardian(s) is/are authorized to pick-up their child listed above:

FATHER: \_\_\_\_\_  
LAST NAME, FIRST, M.I.

\_\_\_\_\_  
FATHER'S SIGNATURE

MOTHER: \_\_\_\_\_  
LAST NAME, FIRST, M.I.

\_\_\_\_\_  
MOTHER'S SIGNATURE

2. I/we the above signed, do hereby authorize the following personnel to pick-up my/our child listed above:

AUTHORIZED PERSON (Please Print)	SIGNATURE	PARENT/GUARDIAN INITIALS	DAYTIME PHONE
_____ LAST NAME, FIRST, M.I.	_____	_____	(____) _____
_____ LAST NAME, FIRST, M.I.	_____	_____	(____) _____
_____ LAST NAME, FIRST, M.I.	_____	_____	(____) _____
_____ LAST NAME, FIRST, M.I.	_____	_____	(____) _____



# Child Development Center

Naval Support Activity Bethesda  
Bethesda, Maryland 20889-5600

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give permission to the CDC Caregivers  
Parent/Guardian (Print)

assigned to room \_\_\_\_\_ to apply the following topical treatment to my child,

\_\_\_\_\_ today. I understand that I must provide the  
Child's full name (Print)

treatment on a daily basis and take it home at the end of each day. \_\_\_\_\_  
Initials

## Please check only one:

Baby Corn Starch \_\_\_\_\_ None \_\_\_\_\_

Petroleum Jelly \_\_\_\_\_

Sunscreen \_\_\_\_\_  
(Must be SPF 15 or Greater)

Diaper Rash Cream \_\_\_\_\_

Other Topical \_\_\_\_\_ Name of Product \_\_\_\_\_

Directions for use (must be completed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature