

SPONSOR INFORMATION				
1. Name (First MI Last):				
2. Address:				
3. Command/Unit/Employer:				
4. Military Status:	5. Military Grade:	6. Branch:	7. Email:	
8. Home Phone:		9. Work Phone:		
10. Cell Phone:		10a. Cell Carrier:		
SPOUSE / GUARDIAN INFORMATION				
11. Name (First MI Last):				
12. Address:				
13. Command/Unit/Employer:				
13a. Full-time Student Post-Secondary Institution? <input type="radio"/> Yes <input type="radio"/> No				
14. Military Status:	15. Military Grade:	16. Branch:	17. Email:	
18. Home Phone:		19. Work Phone:		
20. Cell Phone:		20a. Cell Carrier:		
CHILD / YOUTH INFORMATION				
21. Child 1 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)			
	<input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
22. Child 2 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)			
	<input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
23. Child 3 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF)			
	<input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
24. Please answer the following questions by marking either Yes or No:				
I allow use of video and photographs of my child within the CYP program, and by USMC		I give my permission for child to use supervised computers and internet.		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
I approve my child/youth to attend field trips.		I am aware of the DoD Priority Supplanting Policy		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
I have received a copy or was given the website on where to get a "Parent Handbook".				
<input type="radio"/> Yes <input type="radio"/> No				
LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)				
25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child
30. Parent/Guardian Signature:			31. Date:	



Family Care Branch  
Child & Youth Programs  
**YOUTH & TEEN PROGRAMS**

Dear Families:

Welcome to MCCS Okinawa Youth and Teen (YT) Programs. Our Youth and Teen Programs are open to Youth (ages 10-12 years) and Teens (13-18 years). YT is designed as an open recreation setting to enable participants to enter and leave the program on their own. As such, participants are not required to maintain a presence at the facility. If your child requires direct supervision and/or you do not want them signing in/out on their own, please contact the SAC program in your community.

**Hours of Operation**

- After School to 1800 Monday – Friday
- No School Days and Summer: 1200-1800

**Closures**

- All CYP programs and facilities are closed on Saturday, Sunday, federal holidays and four times a year for staff training

**Eligibility for Care**

- Youth Center: ages 10 – 12
- Teen Center: ages 13 – 18 (if 18 years of age, must still be in high school)

**Fees**

- Membership is set at \$24 per child per contract year. Membership fees are not prorated and non-refundable.
  - Additional fees are charged for special events, field trips and activities.

**Behavior**

- Youth and teens who display disruptive behavior, foul language, threatening or bullying others will be asked to leave the Center.

By signing this agreement, all parties agree to the above terms and policies. CYP reserves the right to change policies as needed with advance written notice.

\_\_\_\_\_  
Parent Print Name                      Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
CYP Clerk

Date fee received: \_\_\_\_\_