

## CHILDREN & YOUTH PROGRAMS OKINAWA, JAPAN

### GUIDELINES FOR CHILD CARE FOR USMC BALLS

- Ball Care will be provided by Family Child Care Providers.
- All children receiving this service must be registered for child care prior to receiving services.
  - **ATTENTION:** Parents with children who have special needs must register for child care at least two weeks prior to the day in which services are needed. Special needs include diagnosed physical, developmental, and behavioral conditions.
- Registration must be done at the CYP Administration Office via the Resource & Referral Department or the Family Child Care Program.

#### Steps for Registration:

Contact the Resource and Referral Office to obtain the FCC provider list. Contact the provider to secure child care. The ball care packet can be downloaded at the following link  
<https://www.mccsokinawa.com/cypdownloads/?withurl=1#null>

1. Only Providers having the care code “BC” will be providing Ball Care.
2. Complete registration for child care at CYTP Administration Office (Camp Foster, Bldg. 495). (**NOTE: Registration may be done on a walk-in basis or appointments may be made by calling the FCC Program at 645-2174. Parents with children who have special needs should call for an appointment ahead of time to help expedite the registration process.**) Bring the following items with you for registration:
  - a. Immunization records for each child needing care.
  - b. Ball tickets or a receipt for the purchase of your ball tickets, showing the date of the ball you will be attending.
  - c. Additional paperwork, if requested, for children having special needs.
3. Complete a Ball Care contract with your selected FCC Provider.

**Ball Care allows for one 6-hour block of care for \$18.00 per child, which is to be paid to the FCC Provider prior to receiving services. Care that exceeds the 6-hour block is subject to the Provider’s fees.**

For questions or concerns, please contact the Resource & Referral Department at 645-4117 or Family Child Care at 645-2174.

U.S. Marine Corps Children, Youth & Teen Programs Registration Form				Date:
<b>Privacy Act Statement:</b>				
<p><b>AUTHORITY:</b> 10 U.S.C. § 5013; 10 U.S.C. § 5041; and Marine Corps Order P1710.30E.</p> <p><b>PRINCIPAL PURPOSE:</b> This System of Records is governed by Privacy Act System of Records Notice NM01754-3 which can be downloaded at <a href="http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html">http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html</a>. Information provided is used by USMC personnel to obtain information on authorized Children, Youth and Teens Program (CYTP) patrons for purposes of registration, and parent/guardian and emergency contacts.</p> <p><b>RETENTION AND SAFEGUARDING:</b> The information collected in this System will be maintained in paper and networked databases using password controlled systems and access to files based on a predefined need to know. Records are kept for two years after individual is no longer in CYTP and then destroyed by authorized disposal.</p> <p><b>ROUTINE USES:</b> In addition to those disclosures generally permitted under the Privacy Act of 1974, to various officials outside the Department of Defense (DoD) specifically identified in Privacy Act System of Records notice NM01754-3, and pursuant to the blanket routine uses established by DoD that apply to all DoD Privacy Act Systems of Records and posted at <a href="http://privacy.defense.gov/blanket_uses.shtml">http://privacy.defense.gov/blanket_uses.shtml</a>.</p> <p><b>DISCLOSURE:</b> Information is voluntary; however, if information is not provided, individuals may not be able to participate in CYTP activities.</p>				
Sponsor First Name:		Command/Unit/Employer:		
Sponsor Last Name:		Wk Ph:	Extension:	
Address 1:		Email:		
Address 2:		Status: <input type="checkbox"/> Active <input type="checkbox"/> Reservist <input type="checkbox"/> Retired    Mil Grade _____		
City/State/Zip Code:		Branch: <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy    Mil Rank: _____ <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other		
Home Phone (with area code):		<input type="checkbox"/> Single Military <input type="checkbox"/> Dual Military <input type="checkbox"/> N/A <input type="checkbox"/> Single Civilian <input type="checkbox"/> Dual Civilian		
Cell Phone (with area code):		Housing: <input type="checkbox"/> On Base <input type="checkbox"/> Off Base		
SPOUSE / GUARDIAN				
Spouse First Name:		Command/Unit/Employer:		
Spouse Last Name:		Wk Ph:	Extension:	
Address 1: (if different from above)		Email:		
Address 2:		Status: <input type="checkbox"/> Active <input type="checkbox"/> Reservist <input type="checkbox"/> Retired    Mil Grade _____		
City/State/Zip Code:		Branch: <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy    Mil Rank: _____ <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other		
Home Phone (with area code):		Cell Phone (with area code):		
LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES				
Name (first, last)	Address (include City/State/Zip Code)	Home Phone (with area code)	Cell Phone (with area code)	Relationship to Child

<b>CYTP INFORMATION</b>						
Child/Youth/Teen First & Last Name:				Nick Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: _____		School Grade: _____ (K-12) or N/A		
Program Enrollment:						
<input type="checkbox"/> Full Day Care		<input type="checkbox"/> Part Day Preschool		<input type="checkbox"/> Family Child Care		
<input type="checkbox"/> School Age Care (BF/AF)		<input type="checkbox"/> School Age Care (BF)		<input type="checkbox"/> School Age Care (AF)		
<input type="checkbox"/> Youth Program (Age 6-12)		<input type="checkbox"/> Teen Program (Age 13-18)		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Hourly Care						
<input type="checkbox"/> School Age Day Camp						
<input type="checkbox"/> Off Base Family Child Care						
Child/Youth/Teen First & Last Name:				Nick Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: _____		School Grade: _____ (K-12) or N/A		
Program Enrollment:						
<input type="checkbox"/> Full Day Care		<input type="checkbox"/> Part Day Preschool		<input type="checkbox"/> Family Child Care		
<input type="checkbox"/> School Age Care (BF/AF)		<input type="checkbox"/> School Age Care (BF)		<input type="checkbox"/> School Age Care (AF)		
<input type="checkbox"/> Youth Program (Age 6-12)		<input type="checkbox"/> Teen Program (Age 13-18)		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Hourly Care						
<input type="checkbox"/> School Age Day Camp						
<input type="checkbox"/> Off Base Family Child Care						
<b>Please answer the following questions by adding your initials in the correct box</b>					<b>Yes</b>	<b>No</b>
I allow use of video and photographs of my child within the CYTP program.						
I approve my child/youth to attend field trips.						
I have received a copy or was given the website on where to get a "Parent Handbook".						
SAC/Youth/Teens - I give my permission for youth/teen to use supervised computers and internet.						
I have received two CYMS cards per child.						
Parent/Guardian Signature					Date	
<b>For office use only</b>						
Registration Fee:	Amt:	Receipt #:	Amount Paid:	Paid on:	Rcvd by:	
Pass Issued: <input type="checkbox"/> CY-Child <input type="checkbox"/> CY-SAC <input type="checkbox"/> CY-YT <input type="checkbox"/> CY-YZZ-Privilege Pass						

## Statement(s) of Understanding

### For Marine Corps Ball use only

#### STATEMENT OF UNDERSTANDING

1. \_\_\_\_\_ I understand that I must register with Resource and Referral prior to using FCC Providers for Ball Care.
2. \_\_\_\_\_ I understand that this is a **One Time Use Application** only for the purpose of the Marine Corps Ball.
3. \_\_\_\_\_ I understand the Children, Youth and Teen Programs' (CYP) touch policy is based on the premise that positive physical contact with children, youth and teens is necessary for their guidance and well being.
4. \_\_\_\_\_ I understand that CYP Personnel and FCC Providers are "mandated reporters" of any suspected of child maltreatment or neglect.
5. \_\_\_\_\_ I understand that in the case my child gets ill during this care, I will be notified to pick my child up within one hour.
6. \_\_\_\_\_ I understand that I must label all items such as bottles, jar food, bags, etc.
7. \_\_\_\_\_ I understand MCCA is not responsible for any items lost or stolen.
8. \_\_\_\_\_ I understand that this packet will expire on \_\_\_\_\_ at \_\_\_\_\_.
9. \_\_\_\_\_ I understand that I must complete a full registration packet prior to utilizing CYP services.
10. \_\_\_\_\_ I understand that I must provide a copy of my Ball Ticket or receipt of purchase to R&R in order to apply for Ball Care.

\_\_\_\_\_  
Parent's signature                      Date

\_\_\_\_\_  
CY&TP Personnel                      Date

## *Health & Special Needs Information*

Does your child have any medical condition(s) of concern or special needs?  YES  NO

If yes, please complete:

### *Permission for Medication Condition or Special Needs Treatment*

Parent or Guardian signature indicates permission for child care provider to follow these instructions:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

*Medical Condition(s) of Concern or Special Needs:*

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*Signs and/or symptom(s) to watch for:*


*Medications:*

*Dose:*

*How given:*

*When given?*

*Possible side effects:*

*Temporary program adaptations:*


*When to call parent/health provider regarding symptoms or failure to respond to treatment:*


*When to consider that condition requires urgent care or reassessment:*


### ***Additional Information***

*Allergies: Medications/Foods to be avoided*

1.
2.
3.

*Procedures to be avoided and why*

1.
2.

**HOLD HARMLESS AGREEMENT FORM**

KNOW ALL MEN BY THESE PRESENT, that, in consideration of the use by and for my

Child(ren) \_\_\_\_\_  
(names of child/children)

of the government quarters located at \_\_\_\_\_, presently  
(FCC provider's quarters address)

Assigned to \_\_\_\_\_, a person authorized to use said government  
(FCC provider's name)

Quarters as a private family child care facility, the sufficiency of said consideration being hereby

Acknowledged, I hereby agree to HOLD HARMLESS THE GOVERNMENT OF THE UNITED

**STATES OF AMERICA; the Department of Defense; the Department of the Navy; the United**

States Marine Corps; the Marine Corps Base, Camp Smedley D. Butler; and any departments,

Instrumentalities, agencies, officers, agents and employees from any and all claims, demands,

Damage actions, cause of action or suits of any nature or kind whatsoever which may exist now

Or in the future against the UNITED STATES OF AMERICA, in relation to the use of those said

Government quarters as a private family child care facility, and FURTHER, I understand and

Hereby acknowledge that the family child care services specified herein are a private independent

**Enterprise undertaken by** \_\_\_\_\_ **And, are in no way endorsed**  
(FCC provider's name)

Or supported by any foregoing entitles. IN WITNESS THEREOF, I, \_\_\_\_\_

\_\_\_\_\_, have signed these presents this \_\_\_\_\_ day of \_\_\_\_\_ .  
(name of parent/guardian)

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(signature of witness)

**FCCDCP/SUBSIDY PROGRAM**  
**HOURLY CARE ENROLLMENT CONFIRMATION FORM**

(PARENT MUST COMPLETE FORM AND DELIVER TO THE PARTICIPATING FCC PROVIDER BEFORE HOURLY CARE CAN BE OFFERED THROUGH THIS PROGRAM)

**HOURLY CARE ELIGIBILITY IN THIS PROGRAM IS BASED UPON:**

**(Check one or more categories that apply:)**

- V** = Volunteer for Quality of Life Unit Organization (Please name organization)
- PT** = Service Member patron who must participate in physical training in early morning hours
- R** = Respite care for parents of children with special needs (EFMP documentation is required)
- SLT** = Provider-in-Training attending USMC Basic Skill Level Training for New Providers
- MT** = Certified FCC provider who must attend mandatory ongoing FCC certification training class(es) through the USMC program
- BC** = Ball Care – For US Marines attending USMC Birthday Ball
- DSCC** = Deployed Spouse Child Care – For deployment in the SE Asian Theater

SPONSOR'S NAME: \_\_\_\_\_

LAST	FIRST	CHILD' LAST	FIRST
CHILD'S LAST	FIRST	CHILD'S LAST	FIRST

NAME OF CHILD (REN) WHO WILL RECEIVE CARE THROUGH THIS FCCDCP/SUBSIDY HOURLY ENROLLMENT

I agree to participate in the FCCDCP/Subsidy Hourly Program and abide by its terms and conditions.

I understand that my hourly rate is **\$1.50 per hour per child** for care under the terms of this program. (Ball Care & DSCC excluded)

I understand that I must pay my hourly fees **daily** to the certified FCC provider, after services are rendered. The only exception to this rule is if I am also a full-time registered patron of this same provider. In this case, I understand that my hourly charges can be added to the weekly tuition charges that I have contracted with my provider.

I understand that I am eligible to receive **up to 15 hours of hourly care per week per child** for my children enrolled in the FCCDCP/Subsidy Hourly Program who are enrolled through categories **V, PT, R, or SLT**, per the terms and conditions of the Standard Operating Procedures for this program.

If enrolled under **Category V, Volunteer for Quality of Life Organization**, I understand that I must submit to my provider an **authorizing voucher**, signed by authorizing authority of my volunteer organization, for each hour of child care covered under this program. This voucher must be turned in to my FCC provider by the last day of the month when care was given.

If enrolled under **Category R, Respite Care**, I understand that the EFMP Enrollment for my special needs child must be on file with the FCC office *before* care can be given. There are no exceptions to this regulation.

If enrolled under **Category SLT, Skill Level Training for Providers-in-Training**, I understand that I am eligible to receive **up to 50 hours of care per child** for my children when I am participating in the USMC Basis Skill Level Training for New FCC Providers offered through MCB Camp Butler. I must have an Application for FCC Certification on file with the FCC office before I can receive subsidized hourly rates.

If enrolled under **Category MT, Mandatory Training for Certified Providers**, I understand that I am eligible to receive **up to three hours of care per child** for each mandatory training I must attend. Other "optional" trainings are excluded from these rates.

If enrolled under **Category BC, Ball Care**, I understand that I am eligible to receive up to 6 hour block of care for \$18.00. Care that exceeds the 6 hour block is subject to provider's fees.

If enrolled under **Category DSCC, Deployed Spouse Child Care**, I understand that I am eligible to receive up to 5 hours of free child care weekly per child, excluding and outside of any CY&TP full-time contract(s).

_____ Parent Signature	_____ Date	_____ Signature of Resource & Referral Staff	_____ Date
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