

CHILD DEVELOPMENT PROGRAM REGISTRATION CARD

Name of Child (Last, First, Middle)		Sex	Age	Birthdate (DD/MM/YY)	ID Card Number
Sponsor's Name (Last, First, Middle)		Social Security No.		Rank/Rate	Branch
				Status: Active () Ret () Civ () Enl () Off ()	
Home Address				Home Phone	
Duty Station			Duty Phone		Date of Rotation
(Circle One) Single Parent / Dual Military Full-Time Working Spouse / Student Spouse Part-Time Working Spouse / Unemployed Spouse		If Spouse is Military Status: Act Ret Enl Off <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Branch	Rank/Rate
Spouse's Name (Last, First, Middle)		Social Security No.		Place of Employment and Phone No.	

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents)		
Name	Phone Number	Relationship

OFFICE USE ONLY:			Primary Type of Care		CDC Program Fees for This Family	
			Center	Home		Rates
			Full Day			Full Day
			Part Day			Hourly \$2.60 / hr.
			Drop-In			Toddler Time
						Preschool
						B/A School

MEDICAL INFORMATION/IMMUNIZATION DATES

Vaccine	2 Months	4 Months	6 Months	12-15 Months	4-6 Years	Allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What?
DTaP						
IPV						Special Needs Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain:
HIB						
MMR						
	Birth	2 Months	6 Months	Varicella		
HEP B						

SPONSOR AGREEMENT:

I hereby give my consent for an authorized Child Development Program (CDP) Representative to transport my child, _____, for care (Medical or Dental) in an emergency situation. I understand that a conscientious effort will be made to notify me prior to such action. Any expense incurred will be borne by me and treatment may take place at a Navy Medical Facility.

Sponsor's Signature	Date	CDP Representative	Date
Sponsor's Signature	Date	CDP Representative	Date

PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Departmental Regulations: E.O. 9397; and OPNAVINST 1700.9 Series "Child Development Programs."

PURPOSE: To provide Child Development Programs with authorization for medical treatment in emergency situations. Identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child Development Center or Child Development Home can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other Federal, State and Local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary, however, failure to provide the requested information could result in denial of a child's admission to the CDP.