

CENTRAL REGISTRATION CHECKLIST

SPONSOR _____

CHILD/YOUTH _____	PGM _____	DATE _____	AM'T _____	REC # _____
FORM	<u>COMPLETE</u>	<u>NEEDED TO COMPLETE</u>		<u>NLT DATE</u>
REGISTRATION FORM	_____	_____		_____
HEALTH ASSESSMENT	_____	APPT _____		_____
SHOTS	_____	_____		_____
FOOD PROGRAM (SET)	_____	___ 2 mos ___ 4 mos ___ 6mos ___ 12-15mos ___ 18mos ___ TB test		_____
H.C.PGM AGMNT.	_____	_____		_____
DIET STATEMENT	_____	COMPLETED & SIGNED; RETURN TO REG. OFC. _____		_____
FAMILY CARE PLAN	_____	DA-5305 SIGNED BY COMMANDER; RETURNED TO REG OFC. _____		_____
SNRT	_____	_____		_____
YOUTH CARD	_____	_____ YC		_____

CHILD/YOUTH _____	PGM _____	DATE _____	AM'T _____	REC # _____
FORM	<u>COMPLETE</u>	<u>NEEDED TO COMPLETE</u>		<u>NLT DATE</u>
REGISTRATION FORM	_____	_____		_____
HEALTH ASSESSMENT	_____	APPT _____		_____
SHOTS	_____	_____		_____
FOOD PROGRAM (SET)	_____	___ 2 mos ___ 4 mos ___ 6mos ___ 12-15mos ___ 18mos ___ TB test		_____
H.C.PGM AGMNT.	_____	_____		_____
DIET STATEMENT	_____	COMPLETED & SIGNED; RETURN TO REG. OFC. _____		_____
FAMILY CARE PLAN	_____	DA-5305 SIGNED BY COMMANDER; RETURNED TO REG OFC. _____		_____
SNRT	_____	_____		_____
YOUTH CARD	_____	_____ YC		_____

CHILD/YOUTH _____	PGM _____	DATE _____	AM'T _____	REC # _____
FORM	<u>COMPLETE</u>	<u>NEEDED TO COMPLETE</u>		<u>NLT DATE</u>
REGISTRATION FORM	_____	_____		_____
HEALTH ASSESSMENT	_____	APPT _____		_____
SHOTS	_____	_____		_____
FOOD PROGRAM (SET)	_____	___ 2 mos ___ 4 mos ___ 6mos ___ 12-1 5 mos ___ 18mos ___ TB test		_____
H.C.PGM AGMNT.	_____	_____		_____
DIET STATEMENT	_____	COMPLETED & SIGNED; RETURN TO REG. OFC. _____		_____
FAMILY CARE PLAN	_____	DA-5305 SIGNED BY COMMANDER; RETURNED TO REG OFC. _____		_____
SNRT	_____	_____		_____
YOUTH CARD	_____	_____ YC		_____

Parent received: ___ Reg. Form ___ Wallet Card(s) ___ Receipt ___ Handbook (H.C. only)

STATEMENT OF UNDERSTANDING : (clerk indicates any N/A)

_____ I understand the requirements needed to complete this registration, and that if any have not been met by the specified date my child may be suspended from the program in which he/she is enrolled. I will remain liable for all fees due during the suspension.

_____ I understand that this registration expires _____, and that I must renew the registration not later than that date if I wish to continue to use CDS/SAS/YS programs.

_____ I understand that my registration will become invalid when my ID card expires _____, and that I must bring a new ID card to the Child and Youth Central Registration Office to get the full registration period allowed.

_____ I understand that (1) I am eligible for free hours only while the sponsor is in pay grade E1-E4, and I must document this eligibility by bringing a current "LES" each time I request free cards, (2) cards may be used only during the month specified, (3) lost cards cannot be replaced, and (4) if I exceed the number of free hours allowed, I must pay for the extra hours at the current hourly care rate when I pick up my child that day.

Signature of Parent

Date

Signature of CYCRO Clerk