

**REGISTRATION FORM  
CHILDREN, YOUTH, AND TEEN PROGRAMS  
MCBH KANEOHE BAY, HAWAII**

**Child's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Ethnicity** (please circle only one): Caucasian / African American / American Indian / Hispanic / Asian / Native Hawaiian / Pacific Islander / Other \_\_\_\_\_ / Decline To State

**Program(s) Requested** (please circle): Full-Time / Part-Time / Hourly Care / Family Child Care / School Age Adventure Camps / Sports / Contract Classes / Pre-teen / Teen

**Address** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Sponsor's Name** \_\_\_\_\_ **Rank** \_\_\_\_\_ **Unit** \_\_\_\_\_ **Branch** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sponsor's E-mail \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **Rank** \_\_\_\_\_ **Unit** \_\_\_\_\_ **Branch** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's E-mail \_\_\_\_\_

**Total Family Size** \_\_\_\_\_

**Check boxes that apply:**

- My Child has no special needs/allergies/illnesses
- My child has special needs (Please list them below.)

\_\_\_\_\_

- My child has allergies. (Please list below and what action steps must be taken if s/he has an allergy attack.)

\_\_\_\_\_

- My child has an illness. (Please explain below and what precautions must be taken.)

\_\_\_\_\_

\_\_\_\_\_

**Dual and Single Military ONLY, please circle one:**

Single (unmarried) Active Duty

Dual Active Duty

**Current Family Care Plan Date:** \_\_\_\_\_

*\*All information is required prior to enrollment*

**Emergency Contact Information:**

I authorize the following people to pick up or drop off my child:

(You must list at least 2 other contacts besides mother/father who live on-island and must be able to reach the site in (1) hour

Name	Relationship	Address	Home Phone	Cell Phone

I have received two CYMS cards on \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand that I have these cards to utilize the Children, Youth, and Teen Programs. I understand if I lose these cards I will be charged \$5.00 per card per child to replace them. (Do not sign until cards have been given)

Signature: \_\_\_\_\_

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

# WAITING LIST STATEMENT OF UNDERSTANDING

## CHILDRENT, YOUTH, AND TEEN PROGRAMS MARINE CORPS BASE, HAWAII

- ❑ Correct telephone numbers are critical. It is your responsibility to notify the Resource & Referral office of a telephone or address change. If you fail to provide current contact information then your name can be removed from the list. \_\_\_\_\_
- ❑ It is your responsibility to contact the Resource & Referral office every three (3) months to confirm your continuing need for childcare. If you do not call, you will be removed from the waiting list. \_\_\_\_\_
- ❑ When your name reaches the top of the list, we will make every attempt to contact you using all telephone number you have provided us. If we cannot reach you and/or you fail to return our call within 24 hours, we will go to the next person on the list. We will assume your need for care no longer exists and remove your name from the list after 30 days. \_\_\_\_\_
- ❑ When you are called for placement you must make your decision to decline or accept within 24 hours. If you decline an offer you must request to be placed back on the waitlist which will be the bottom of the list. \_\_\_\_\_
- ❑ Once you accept a placement for your child, you have 24 hours to pick up the packet and 48 hours to return the packet back to Resource and Referral. Families who do not return their packet within the given time frame will result in their placement being cancelled. \_\_\_\_\_
- ❑ When you return your packet, you will be required to make an orientation appointment with your program within 24 hours. The orientation must be completed prior to your child's start date. \_\_\_\_\_

Priority is given in the following order:

- a.) Priority 1 – Single/Dual Active Duty Members
  - b.) Priority 2 – Active Duty Member with a spouse working or going to school full time. Full time students must currently be enrolled in 9 credit hours to qualify.
  - c.) Priority 3 – Active Duty Reservist (Active status or training)
  - d.) Priority 4 – DOD Civilians
  - e.) Priority 5 – Retired Service Members, Contractors and all others
- ❑ If you are called for a program that is not your preference (i.e. FCC Home), you may choose to accept the position until there is a space in the program of your choice (i.e. CDC). Then you will be placed on the **preference for care list. This list is sorted by date on the list only, not by priority.** You may also choose to decline. If you choose to decline, but wish to wait for your preference, your name will stay on the preference for care list until your child reaches the top. If you indicate the need for care no longer exists, your name will be removed from the list. \_\_\_\_\_

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