

[Print Form](#)

U.S. Marine Corps Children, Youth & Teen Programs What to bring to Resource and Referral (R&R)	
Contact local R & R to set up an appointment to complete the registration package. To expedite the registration process, please have the following information available:	
Parent Information Needed	
Complete Home Address (indicate if housing is on or off base)	
Complete Work Address	
Military Command/Unit (Branch of Service)	
Spouse/Guardian Work Address and Employer's Name	
Home, Work and Cell Phone numbers for yourself and spouse/ guardian.	
Email for yourself and spouse/guardian that is accessible during work hours.	
Current Leave and Earnings Statement (LES) for yourself and spouse. If spouse is a full time student bring proof of school enrollment (This information is used to determine DOD Fee Category).	
Local emergency contacts for children and youth (other than parents). Full name and phone numbers are required.	
What type of care or service are you requesting?	
Child/Youth Information Needed	
Proof of DEERS	
Child/Youth Official Shot Records	
Current Child/Youth Health Assessment	
Health Screening Tool for Inclusion Action Team (IAT) (If applicable)	
Child/Youth School and Grade	
Forms to complete and bring with you to your appointment	
USDA Income Eligibility Form	
Family Care Plan (If applicable)	

[Reset Form](#)

**STATEMENT OF UNDERSTANDING  
REGARDING CHILD CARE RESOURCE AND REFERRAL SERVICES**

**DATA REQUIRED BY PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code, Section 3012

**PRINCIPLE PURPOSE:** Information is used by Marine Corps personnel to verify eligibility for use of Children, Youth and Teen Programs.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Children, Youth and Teen Programs,

**I UNDERSTAND THAT:**

Selecting and retaining child care is a parental responsibility.

Any information provided by Children, Youth and Teen Programs is provided as a service designed to assist me in locating available child care so that I may make an independent choice as to the program which best meets the needs of my child and our family situation.

The referral does not represent an endorsement of the program or the individual by the United States Marine Corps or by this organization.

The government does not insure nor recommend the quality of the referral programs.

The United States assumes no responsibility under the Federal Court Claims Act, or any other provisions of law which would allow it to be used on account of any act or omission (criminal, intentional negligence, or otherwise) by a caregiver that causes any injury or death to a child placed under the care of that provider.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

UNITED STATES MARINE CORPS  
CHILDREN AND YOUTH PROGRAMS  
MARINE CORPS MOUNTAIN WARFARE TRAINING CENTER  
1001 CHAMPAGNE AVE  
COLEVILLE, CA 96107

STATEMENT OF ACKNOWLEDGEMENT

1. I am the parent or legal guardian of (list names of children enrolled)

\_\_\_\_\_

I have read, understand and agree to comply with all the rules and regulations of the MCMWTC Children and Youth Programs (CYP). The CYP Parent Handbook has rules and regulations on fees, health, attendance and procedures regarding the reporting of suspected child abuse/neglect and notification requirements on disenrollment.

2. Rates for all programs are established by Department Of Defense (DoD) annually and your rate for child care is based on your Total Family Income (TFI) as determined by the Deputy under Secretary of the Navy. This TFI evaluation is computed annually and adjusted for inflation. New rates are established by DoD annually.

a. Care is paid for twice monthly (each military pay day), regardless of holidays or non-attendance.

b. The fees charged for the CYP are due on the 1st and 15th of each month. If payment has not been received by close of business on the 3rd business day following payday, a late payment fee will be charged to your account. Any account that falls behind will be subject to the CYP disenrolling your child/children from the program until the account is made current.

c. In the event that my child/children is/are absent from their program I need to notify the center in advance when possible.

d. I understand that full day care opens at 0630 and part day care is between the hours of 0800-1200. This facility closes at 1800. Late fees apply to pickups after closing, as well as over 50 hours of care per week.

e. I am required to give a two week notice in writing of my intentions to withdraw my child/children from the CYTP. If no notice is given, all charges will continue to accrue until two weeks after the last day of attendance.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
SPONSOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
CYP PERSONNEL SIGNATURE

UNITED STATES MARINE CORPS  
CHILDREN AND YOUTH PROGRAMS  
MARINE CORPS MOUNTAIN WARFARE TRAINING CENTER  
1001 CHAMPAGNE AVE  
COLEVILLE, CA 96107

From: Director, Children and Youth Programs  
To: Parents, Children and Youth Programs

Subj: ENROLLMENT FEES

1. The Resource & Referral Specialist has gone over all information concerning the enrollment of my child/children in the Full Time, Part Time or School Age Programs. I understand that all fees for care are paid on the 1st and 15th of each month. When my child/children start on the 1st or 15th, a full billing cycle will be paid. In the event that my child is enrolled on a day other than the 1st or the 15th, my fees will be prorated for the days left in the billing cycle. All fees for child care must be paid in advance.
2. If you have any further questions concerning this matter please contact the Resource & Referral Specialist at 530.495.2640

CYP DIRECTOR

I have read and understand the policy on enrollment fees.

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PARENT'S SIGNATURE

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DATE

July 2016

UNITED STATES MARINE CORPS  
CHILDREN AND YOUTH PROGRAMS  
MARINE CORPS MOUNTAIN WARFARE TRAINING CENTER  
1001 CHAMPAGNE AVE  
COLEVILLE, CA 96107

From: Director, Children and Youth Programs  
To: Parents, Children and Youth Programs

Subj: CHILD CARE FEES FOR SCHOOL YEAR

Ref: (a) MCO 1710.30 of 24 Aug 2015

1. The Military Child Care Act requires the Department of Defense (DoD) to prescribe regulations establishing fees to be charged at Military Children and Youth Programs. In accordance with the reference (a), Section 3003, fees will be based on individual income data provided by parents. Fee rates will be verified on an annual basis. The purpose of the legislation is to help make child care affordable to all service families. Parents using any of the regular Programs: Full Day, Part Day Enrichment and School Age Care (SAC) need to annually re-verify Total Family Income (TFI). Verification of the fees includes the service members' most recent leave and earnings statement and a current pay stub for spouse or DOD employee. TFI is defined as "all earned income including wages, salaries, tips, special duty pay (flight pay, demolition duty pay, sea pay) and active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including Social Security Income (SSI) paid to the spouse, and Veterans Affairs benefits paid to the surviving spouse before deductions for taxes. TFI calculations must also include Basic Allowance for Housing (BAH) and other allowances appropriate for the rank and status of the military or civilian personnel whether received in cash or in kind. For dual military living in government quarters include BAH RC/T of the senior member only; in locations where military members receive less than the BAH RC/T use the local BAH rate.

2. TFI shall not include alimony or child support received by the custodial parent, SSI and wellness benefits, Cost of Living Allowance (COLA) received in high cost areas, temporary duty allowances, or reenlistment bonuses. For dual family members, regardless of whether they reside in government housing or off, use the BAH RC/T with Dependents Rate of the senior member only.

3. Child Development Program fees include United States Department of Agriculture (USDA) approved meals/snacks per participant.

4. The fees established for the current school year shall take effect no later than the DoD re-verification date each year.

Christina Vandermaas  
CYP Director

**Print Form**

<b>U.S. Marine Corps Children, Youth &amp; Teen Programs Registration Form</b>	Date:
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**Privacy Act Statement:**

**AUTHORITY:** 10 U.S.C. § 5013; 10 U.S.C. § 5041; and Marine Corps Order P1710.30E.

**PRINCIPAL PURPOSE:** This System of Records is governed by Privacy Act System of Records Notice NM01754-3 which can be downloaded at <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>. 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.

**RETENTION AND SAFEGUARDING:** 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.

**ROUTINE USES:** 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 [http://privacy.defense.gov/blanket\\_uses.shtml](http://privacy.defense.gov/blanket_uses.shtml).

**DISCLOSURE:** Information is voluntary; however, if information is not provided, individuals may not be able to participate in CYTP activities.

Sponsor First Name:	Command/Unit/Employer:		
Sponsor Last Name:	Wk Ph:	Extension:	
Address 1:	Email:		
Address 2:	Status:	Active      Reservist      Retired	Mil Grade
City/State/Zip Code:	Branch:	Marine Corps      Navy Air Force              Army DoD Civilian          Other	Mil Rank:
Home Phone (with area code):	Single Military	Dual Military	N/A
Cell Phone (with area code):	Single Civilian	Dual Civilian	
	Housing:	On Base      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:	Active      Reservist      Retired	Mil Grade
City/State/Zip Code:	Branch:	Marine Corps      Navy Air Force              Army DoD Civilian          Other	Mil Rank:
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

Child/Youth/Teen First & Last Name:				Nick Name:		
Gender:	Male	Female	Birthdate:	School Grade:	(K-12) or N/A	
Program Enrollment:						
Full Day Care	Part Day Preschool	Family Child Care	Hourly Care			
School Age Care (BF/AF)	School Age Care (BF)	School Age Care (AF)	School Age Day Camp			
Youth Program (Age 6-12)	Teen Program (Age 13-18)	Other:	Off Base Family Child Care			
Child/Youth/Teen First & Last Name:				Nick Name:		
Gender:	Male	Female	Birthdate:	School Grade:	(K-12) or N/A	
Program Enrollment:						
Full Day Care	Part Day Preschool	Family Child Care	Hourly Care			
School Age Care (BF/AF)	School Age Care (BF)	School Age Care (AF)	School Age Day Camp			
Youth Program (Age 6-12)	Teen Program (Age 13-18)	Other:	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:	CY-Child	CY-SAC	CY-YT	CY-YZZ-Privilege Pass		

**APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES***(Read Instructions on back before completing form.)*OMB No. 0704-0515  
OMB approval expires  
May 31, 2017

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0515). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE CHILD AND YOUTH PROGRAM REPRESENTATIVE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9 series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-248, Child Development Programs; and Air Force Instruction 34-249, Youth Programs, and 34-276, Family Child Care.

**PRINCIPAL PURPOSE(S):** To collect total family income to determine child care fees. When completed, records are covered by one of the appropriate SORNs: Department of the Army: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6160/a0608-10-cfsc.aspx>; Department of the Navy: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6527/nm01754-3.aspx>; Department of the Air Force: <http://dpclo.defense.gov/privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5793/f034-af-sva-c.aspx>

**ROUTINE USE(S):** Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations.

DoD Blanket Routine Uses 1 (Law Enforcement), 4 (Congressional Inquiries), 6 (Required by International Agreement), 9 (Department of Justice for Litigation), 12 (National Archives and Records Administration), and 15 (Data Breach Remediation) specifically apply to this system. Other DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may apply to these records. Any release under a blanket routine use will be compatible with the purpose of the collection.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information will result in application of the highest fee range.

**SECTION I - DEPENDENT CHILDREN**

1. NAME OF EACH CHILD (LAST, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. AGE	4. CARE REQUESTED (OR ENROLLED)
a.			
b.			
c.			
d.			
e.			

**SECTION II - ANNUAL FAMILY INCOME**

<b>5. SPONSOR</b>				
a. NAME (LAST, First, Middle Initial)			b. YEARS OF MILITARY/CIVIL SERVICE	
c. INCOME				
(1) Income Data	(2) Basic Allowance for Housing (BAH)	(3) Basic Subsistence Allowance	(4) Other Earned Income	(5) Total Income - Sponsor (To be completed by Program Staff)
<b>6. SPOUSE OR OTHER ADULT LIVING IN THE HOME</b>				
a. NAME (LAST, First, Middle Initial)			b. INCOME	
<b>7. OTHER EARNED INCOME</b>			<b>8. TOTAL INCOME</b> (Include income from Blocks 5, 6, and 7. To be completed by Program Staff.)	

**SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE***(Required for Category I - IX. Please read the following statement carefully before signing.)*

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

<b>9. SIGNATURE OF SPONSOR</b>	<b>10. SIGNATURE OF SPOUSE</b>	<b>11. DATE SIGNED</b> (YYYYMMDD)
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**SECTION IV - FOR CHILD DEVELOPMENT PROGRAM USE ONLY**

<b>12. CATEGORY OF APPROVAL</b>	<b>13. AUTHORIZED FEES</b>	<b>14. DATE OF APPROVAL</b> (YYYYMMDD)	<b>15. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL</b>
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## INSTRUCTIONS

Per Department of Defense Instruction 6060.02, Child Development Programs, this form is utilized to determine fees for DoD Child Care Programs.

To determine child care fees for your child(ren), or and child(ren) you legally claim as dependents, this form must be completed, signed and returned to the facility for which your child is enrolling.

Fees are determined based on your Total Family Income (TFI) as defined below. If you choose not to disclose your family income, your rate for child care will be set at the highest fee level.

Total Family Income (TFI) - For the purpose of determining child care fees in DoD Child Development Programs, total family income is defined as all earned income including wages, salaries, tips, special duty pay (flight pay, active duty demo pay, sea pay) and active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including SSI paid to the spouse and VA benefits paid to the surviving spouse before deductions for taxes. TFI calculations must also include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind.

DO NOT INCLUDE alimony, and child support received by the custodial parent, SSI received on behalf of the dependent child, reimbursements for educational expenses or health and wellness benefits, cost of living (COLA) received in high cost areas, temporary duty allowances, or reenlistment bonuses.

For households in which unmarried couples or pairs are living as a family, the income for both adults should be used to determine Total Family Income (TFI).

Sections I, II, and III are to be completed by the sponsor or their designee.

### Section I.

1. Provide the last name, first name and middle initial for each child who is receiving care in a DoD child care program.
2. Provide the date of birth for each child who is receiving care in a DoD child care program.
3. Provide the age of each child on the date of application who is receiving care in a DoD child care program.
4. Provide the type of care being request or in which each child is currently enrolled.

### Section II.

When completing Section II, include all military and civilian income for both the sponsor and spouse or other adult living in the home.

- 5.a. Provide the sponsor's last name, first name and middle initial.
- 5.b. Provide the total years of military/civilian service as applicable.
- 5.c.(1) Provide your most recent income data and indicate if income is received weekly, biweekly, monthly or twice per month.
- 5.c.(2) Provide the current year BAH RT/C. For dual military living in government quarters include BAH RC/T of the senior member only; in locations where military members receive less than the BAH RC/T allowance, use the local BAH rate; for Defense civilian OCONUS include either the housing allowance or the value of the in-kind housing.
- 5.c.(3). Provide the basic subsistence allowance or in-kind equivalent.
- 5.c.(4) Provide any other earned income.
- 5.c.(5) To be completed by program staff.
- 6.a. Provide the last name, first name and middle initial of the spouse or other adult living in the home, who contributes to the welfare of the child.
- 6.b. Provide the income of the spouse or other adult living in the home, who contributes to the welfare of the child.
7. Provide any additional income.
8. To be completed by program staff.

### Section III.

9. Provide the sponsor's signature.
10. Provide the spouse's or other resident adult's signature.
11. Provide the date of signatures.