

CHILD DEVELOPMENT SERVICES (CDS) REGISTRATION CARD
 For use of this form, see AR 608-10; the proponent agency is DCSPER

DATE _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE (S): To provide child and family program eligibility and background information; sponsor consent for access, to emergency medical care; data required by USDA food program.
ROUTINE USES: Information is furnished the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structures.
DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided, individuals may not be allowed to participate in CDS programs.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or sex, within the limits of AR 608-10. CDS programs participating in the USDA Food Program shall offer meals without physical segregation of, or discrimination against any child regardless of ability to pay.

NAME OF SPONSOR (Last, first, MI)		GRADE	SSN	SERVICE (Check One) <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> CIV	SOLE PARENT <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS OF SPONSOR (Include ZIP Code)		ON POST <input type="checkbox"/>	HOME PHONE	DUTY/EMPLOYER ADDRESS (Include ZIP Code)	
		OFF POST <input type="checkbox"/>	DUTY PHONE		
NAME OF SPOUSE (Last, first, MI)		GRADE	SSN	SERVICE (Check One) <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> CIV	DUAL MILITARY SPONSOR <input type="checkbox"/>
HOME ADDRESS OF SPOUSE (Include ZIP Code)		ON POST <input type="checkbox"/>	HOME PHONE	DUTY/EMPLOYER ADDRESS (Include ZIP Code)	
		OFF POST <input type="checkbox"/>	DUTY PHONE		
EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE		DUTY PHONE	CHILD RELEASE DESIGNEE	
FAMILY SIZE	GROSS INCOME	USDA CATEGORY (Check One) <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID		MULTIPLE CHILD DISCOUNT <input type="checkbox"/> FD <input type="checkbox"/> PD <input type="checkbox"/> HR <input type="checkbox"/> FCC <input type="checkbox"/> N/A	

CDS PROGRAM RATES

B/A SCHOOL _____ FULL DAY _____ PRESCHOOL _____ HOURLY _____ FCC HOME _____

NAME OF CHILD (Last, first, MI)				NAME OF CHILD (Last, first, MI)				NAME OF CHILD (Last, first, MI)			
PHYS EXAM DATE		BIRTH DATE	SEX	PHYS EXAM DATE		BIRTH DATE	SEX	PHYS EXAM DATE		BIRTH DATE	SEX
IMMUNIZATION DATES				IMMUNIZATION DATES				IMMUNIZATION DATES			
DPT				DPT				DPT			
TOPV				TOPV				TOPV			
MMR				MMR				MMR			
TINE				TINE				TINE			
MEDICAL PROBLEMS				MEDICAL PROBLEMS				MEDICAL PROBLEMS			
ALLERGIES				ALLERGIES				ALLERGIES			
REGISTRATION INFORMATION				REGISTRATION INFORMATION				REGISTRATION INFORMATION			
PROGRAM	BLDG/RM	ENROLL	TERMIN	PROGRAM	BLDG/RM	ENROLL	TERMIN	PROGRAM	BLDG/RM	ENROLL	TERMIN
FULL DAY				FULL DAY				FULL DAY			
HOURLY				HOURLY				HOURLY			
PRESCH				PRESCH				PRESCH			
B/A SCH				B/A SCH				B/A SCH			
FCC HOME				FCC HOME				FCC HOME			
OTHER				OTHER				OTHER			
SPONSOR CONSENT: I _____ (parent)(guardian) of _____											
give consent for an authorized CDS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.											
DATE				SIGNATURE OF SPONSOR							