

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"/>	DUTYPHONE				
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"/>	DUTYPHONE				
EMERGENCY NOTIFICATION DESIGNEE		HOME PHONE		DUTYPHONE		CHILD RELEASE DESIGNEE	
FAMILY SIZE	GROSS INCOME	USDACATEGORY (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

REVERSE OF DA FORM 4719-R, JUL 89

USAPP C V2.00