

Offutt Air Force Base

Child and Youth Program Information Sheet/Part A

Please complete the following information so we may best serve your child. The information below will be used to determine the best placement for this child in one of the Offutt Child and Youth Program (CYP) facilities and provide adequate information to the child care giver. By signing this document you authorize the release of medical information regarding this child. **Note: Failure to truthfully disclose all relevant information may result in a denial of services or loss of child care space.**

Child/Youth's Name: _____ Date of Birth: _____

Sponsor's Name and Rank: _____ Spouse's Name _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Name of Primary Caregiver _____ Home Phone: _____

Home Address _____

Email Address: _____ Cell Phone: _____

If same as above please skip this section.

Type of Care Requested: (Circle please) *Child Development Center - Family Child Care - Offutt Youth Center - Youth and Sports Program*

What date would you like for care to begin? (Placement may be requested up to 6 months in advance.) _____

What are your present childcare arrangements? _____

Has your child/youth previously been in a childcare situation? If yes, please provide information about where and what type of care was provided.

Are there any special needs requested?

Allergies	No	Yes
Asthma	No	Yes
Attention Deficit Disorder (ADD)	No	Yes
ADD with Hyperactivity	No	Yes
Autism Spectrum	No	Yes
Medical Conditions	No	Yes

Physical Disability	No	Yes
Issues requiring care by a psychologist, psychiatrist or social worker	No	Yes
Speech/language delay	No	Yes
Special services; OT, PT, ABA etc. required	No	Yes
Medications	No	Yes
IEP or IFSP or 504 Plan	No	Yes

Signature (parent/guardian) _____ Date _____

***If yes, please fill out Part B to be reviewed by the placement acceptance panel – CYPIAT _____ initial**