



Fort Irwin CYSS Registration Information

(Please Print Clearly)

Sponsor Name/Rank:	Spouse Name:
Cell Phone:	Cell Phone:
Unit/Employer: Duty/Work Phone:	Unit/Employer: Duty/Work Phone:
Email (AKO):	Email:
Address:	Home Phone:
Emergency Release Anytime Contact #1: Two Required to Register	Name:
	Phone:
Emergency Release Anytime Contact #2:	Name:
	Phone:

Questions? Please Call (760)380-2257/2270

Additional Information for Registration:

- ☐ Sponsor SSN
- ☐ Health Screening Tool
- ☐ Health Assessment/Physical (due within 30 days)
- ☐ Medical Action Plans (for children with Special Needs such as Asthma, Food Allergies, Allergies, Seizures and taking Medication etc.)
- ☐ Immunization Records (for children birth through 5th Grade) – **Children cannot be placed into program if Immunizations are not up to date.**
- ☐ Family Care Plan (for Single/Dual Military, due within 30 days)
- ☐ LES/Paystubs (1 if Active Duty or Full Time; 3 if Part Time or Flex)

You will be placed into the highest fee category without an LES/Paystub.

Passes will be suspended if missing documentation is not turned in within 30 days from Registration (e.g. Health Assessment, Family Care Plan)