



# TURN CARE INTO CREDIT™

The Military Child World Expo Foundation  
The National Association For Military-Connected Children  
Contact Us- info@mcwef.org



## Teen Caregiver Registration Form

**Who completes it:** Teen (or parent/guardian with teen)

**Purpose:** Intake, eligibility, consent, and participation record

### Information

#### Name

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School (optional):** \_\_\_\_\_

**Military-Connected Status (optional):** \_\_\_\_\_

This means whether your parent(s), guardian, adoptive parent(s) is currently active-duty or veteran who served in the armed forces regardless of discharge status.

**Civilian:** ( \_\_\_\_\_ Yes \_\_\_\_\_ No

(A civilian is someone who is not military connected)

#### Caregiving description (plain language):

---

---

---

**Who do you provide care for:** \_\_\_\_\_

**Anything else you would like to add:** \_\_\_\_\_

---

---

---



**TURN CARE INTO CREDIT™**  
The Military Child World Expo Foundation  
The National Association For Military-Connected Children  
Contact Us- info@mcwef.org



## PARENT / GUARDIAN CONSENT & AUTHORIZATION FORM

### SECTION 1: PARENT / GUARDIAN IDENTITY

**Parent / Legal Guardian**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship to Teen:**

- Parent  
 Legal Guardian  
 Other (please specify): \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address (optional):**

\_\_\_\_\_

### SECTION 2: TEEN INFORMATION

**Teen's Full Name:**

\_\_\_\_\_

**Preferred Name (if different):**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**School Name (optional):**

\_\_\_\_\_

\_\_\_\_\_

### **SECTION 3: CONSENT FOR PARTICIPATION**

I give permission for my child to participate in the Turn Care into Credit™ (TCCSH) initiative administered by the Military Child World Expo Foundation (MCWEF).

**I understand that:**

- TCCSH is a voluntary recognition and service-documentation program
- Participation does not constitute medical, psychological, legal, or academic evaluation
- Participation does not create a formal diagnosis or label
- My child may withdraw from the program at any time without penalty

### **SECTION 4: CONSENT FOR LIMITED VERIFICATION**

I consent to limited verification of my child's caregiving role for the sole purpose of recognition and service-hour documentation.

**I understand that:**

- Verification may be completed by a parent/guardian, educator, counselor, or approved community leader
- No medical records, diagnoses, or legal documents are required
- Verification is used only to confirm caregiving activity and frequency
- Information collected is limited, respectful, and confidential

### **SECTION 5: CONSENT FOR RECOGNITION (OPT-IN)**

I consent to my child receiving recognition through TCCSH, which may include:

- Certificates of recognition
- Service-hour documentation
- Invitations to recognition events (e.g., Teen Caregivers Breakfast)
- Eligibility for awards such as the *Torch of Care Medallion*

**I understand that:**

- Recognition does not require public disclosure
- My child's name may be withheld or anonymized upon request
- Participation in recognition activities is optional

**SECTION 6: MEDIA CONSENT (OPTIONAL — CHECK ONLY IF YOU AGREE)**

I grant permission for my child to be photographed, recorded, or quoted in connection with TCCSH or MCWEF initiatives, for educational or awareness purposes.

**This may include:**

- Event photography
- Promotional materials
- Website or social media features
- Press or public communications

**I understand that:**

- Media participation is optional
- Declining media consent does not affect program participation or recognition
- I may revoke this consent in writing at any time
- I do NOT grant media consent at this time

**SECTION 7: PRIVACY & SAFEGUARDS ACKNOWLEDGMENT**

I acknowledge that MCWEF is committed to protecting the privacy, dignity, and wellbeing of participating youth.

**I understand that:**

- Personal information is not sold or shared
- Data is used only for program administration and recognition
- Participation is FERPA-aware and youth-safe
- MCWEF maintains appropriate safeguards for minors

**SECTION 8: PARENT / GUARDIAN CERTIFICATION**

**By signing below, I certify that:**

- I am the legal parent or guardian of the named teen
- The information provided is accurate to the best of my knowledge
- I understand the nature and purpose of the TCCSH program

**Parent / Guardian Signature**

\_\_\_\_\_

**Date:** \_\_\_\_\_

- I would like to receive program updates related to teen caregiver recognition
- I am interested in learning more about MCWEF initiatives
- I consent to being contacted for verification clarification only