

## REGISTRATION INSTRUCTIONS FOR YOUTH SERVICES PROGRAM

When you come in to register please have the following:

1. All forms from the packet completely filled, including:
  - Social Security Number for sponsor
  - Three (3) local emergency contacts
  - Signatures of sponsor and teen

Please call Central Registration at 907-873-4599 if you have any questions while filling out the paperwork. Please note that every blank must be filled before we can process the paperwork. The sponsor should sign all paperwork.

**ALL PAPERWORK MUST BE COMPLETED AND AN ORIENTATION ATTENDED BEFORE YOUR YOUTH CAN USE OUR YOUTH SERVICES.**

### **Contact Information**

Phone: 907-873-3405  
Director: 907-873-3406  
Fax: 907-873-4596



**CHILD, YOUTH & SCHOOL SERVICES REGISTRATION CARD**

DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, United States Code, 3013

**PRINCIPAL PURPOSE:** Information is used by DA personnel to identify children enrolled in Child and Youth Services, their sponsors and persons to contact in the event of an emergency involving such children.

**ROUTINE USE:** Information may be released to other DOD personnel who have a need for the information in the course of performing their official duties.

**DISCLOSURE:** Disclosure of requested information; however, if the information is not provided, enrollment in Child and Youth Services may be denied.

Name of Sponsor (Last, First MI)	Date:
Home Address:	Sponsor information _____ MIL _____ RANK _____ DOD/DAC _____ GRADE _____ CONTR _____ OTHER
Mailing Address:	
Work Address:	
Social Security Number:	
Unit:	Military Sponsor(s) _____ SINGLE _____ DUAL
Home Phone	
Duty Phone	
Name of Spouse (last, First MI)	Spouse information _____ MIL _____ RANK _____ DOD/DAC _____ GRADE _____ CONTR _____ OTHER
Social Security Number:	
Work Address:	
Home Phone:	
Work Phone:	

Child's Name	Date of Birth	GRADE

Programs Desired: (Check all that apply)

MST: Open Rec.

Additional Programs:

Sports

Contract Classes

Other

<b>EMERGENCY CONTACT INFORMATION</b> (Must provide 3 local contacts other than parents)	
1. Emergency Contact Name:	
Home Phone:	Duty Phone:
2. Emergency Contact Name:	
Home Phone:	Duty Phone:
3. Emergency Contact Name:	
Home Phone:	Duty Phone:

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature of CYSS Representative \_\_\_\_\_

Date \_\_\_\_\_

# CHILD, YOUTH & SCHOOL SERVICES REGISTRATION

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AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by the DA personnel to identify children enrolled in Child and Youth Services, their sponsors and persons to contact in the event of an emergency involving such children.

ROUTINE USE: information may be released to other DOD personnel who have a need for the information in the course of performing their official duties.

DISCLOSURE: Disclosure of requested information is voluntary; however, if the information is provided, enrollment in Child and Youth Services may be denied.

## PART A:

I \_\_\_\_\_ consent to the following in reference to the care of my child/children:

- Release of photographs of my child/ren to the media for the purpose of publicizing Child & Youth Services activities. YES NO
- Participation of my child(ren) in on/off post field trips or other Similar activities when accompanied and supervised by Child, Youth & School Services Personnel YES NO
- Transportation in a government or commercial vehicle. YES NO

I authorize CYS representatives 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.

## PART B:

In order to best serve you and your child, please give us any information about your child which will ensure he/she has a rewarding experience with us. Please tell us if your child has/have a special physical or medical need we should know about. Does your child take a medication of any kind? If so, please provide details.

ASTHMA

What triggers the asthma? \_\_\_\_\_

When was the last attack? \_\_\_\_\_

Does he/she use an inhaler, nebulizer to take an oral medication?  
\_\_\_\_\_

ADHD/ADD/ODD

Does he/she take medication for this? \_\_\_\_\_

FOOD ALLERGY

What kind of food allergy? \_\_\_\_\_

OTHER MEDICAL CONDITION \_\_\_\_\_

Any medication for this condition? \_\_\_\_\_

\_\_\_\_\_  
I hereby authorize \_\_\_\_\_  
to provide information to the \_\_\_\_\_  
while attending the Middle School/Teen EMT/ED program. I understand that I will not  
discuss any medication.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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### YOUTH SERVICES OPEN RECREATION POLICIES

The Youth Services Open Recreation Program is designed to provide youth in grades 6 through 12 with drop-in activities during out-of-school hours. Current operating hours are:

#### School Year Hours

Monday through Thursday: 1400-1900 hours

Friday: 1400-2200 hours

Saturday: 1200-2000 hours

#### Summer Hours

Monday through Thursday: 1100-1900 hours

Friday: 1400-2200 hours

Saturday: 1200-2000 hours

Youth Services is closed on Sundays and on all Federal holidays. The holidays observed are:

- New Year's Day
- Martin Luther King Jr.'s Birthday
- President's Birthday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day

**Youth must be picked up on time.** Proper procedures as stated in Army Regulation and local SOPs will be adhered to regarding youth remaining at the facility after the designated closing time.

# YOUTH SERVICES RULES AND CONDUCT

## Youth Services Rules

- Youth must sign-in and sign-out of the facility every time.
- Normal conversational voices are required.
- Youth will keep their hands to themselves. No inappropriate touching.
- All must eat and/or drink in designated snack area.
- All will clean-up after themselves especially help keep the bathrooms clean.
- All borrowed equipment must be returned to appropriate containers or storage when done. Be responsible and use the equipment properly.
- He/She agree to be respectful towards staff and other members at all times.

## Youth Services Dress Code

- There will be no advertisement or depiction of alcohol, drugs, tobacco, violence, sexual behavior, innuendo, gang affiliation or inappropriate language.
- Avoid provocative clothing. No spaghetti straps, love necklines, clothing which reveals underwear, halter tops, bare mid-ribs, and bare backs.
- Ensure that clothing do not denigrate or belittle any group, individual, national origin, gender, race, religion, or disability.
- Avoid items of jewelry that pose hazard or distraction such as wallet chains or spike chokers.
- No bandanas.

## Discipline procedures and consequences

First offense of drugs, theft, alcohol, fighting, destruction of property, harassment, extreme disrespect of staff, or severe misconduct could result in immediate suspension, parental conference, and raising concerns with the Chain of Command. Local police may be contacted as necessary.

Suspension means restriction from all YS activities to include MST center visitation, sports, trips, and instructional classes. Continued disregard of the standards of behavior for the YS programs may result in permanent expulsion.

- 1<sup>st</sup> Offense** – Verbal warning, redirection, possible limited choices
- 2<sup>nd</sup> Offense** – Verbal discussion, sponsor is notified, redirection, possible limited choices
- 3<sup>rd</sup> Offense** – Verbal discussion, sponsor is notified and conference with youth and staff is set, possible suspension based on severity of infraction(s).

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Sponsor Signature

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Date

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Youth Signature

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Date