

AIR FORCE YOUTH PROGRAMS REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

PRINCIPLE PURPOSES: To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

ROUTINE USES: This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

YOUTH NAME <small>LAST, FIRST, MI</small>	SPONSOR NAME / RANK <small>LAST, FIRST</small>	SPOUSE NAME / RANK <small>LAST, FIRST</small>	EMERGENCY CONTACT <small>OTHER THAN PARENT</small>
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE <small>SAME AS CONTACT</small>
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION <small>YES / NO</small>
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # <small>(LAST 4)</small>	HOME PHONE	PARENT VOLUNTEER <small>YES / NO</small>

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

RELEASE OF LIABILITY AND AGREEMENTS

MEDICAL CARE AUTHORIZATION: I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

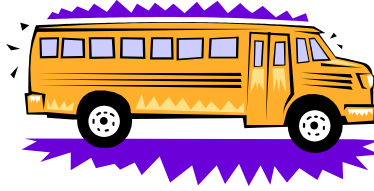
TRANSPORTATION/FIELD TRIP: I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE

Keesler Youth Programs



Regulations for Bus Riders/Bus Contract

Boarding the Bus

1. Wait for the bus to come to a complete stop.
2. Be polite and take your turn getting on the bus and use the handrail.

Conduct on the Bus

1. Follow directions of the bus driver.
2. Walk to assigned seat and remain there.
3. Do not stand or move around while the bus is moving.
4. Talk quietly so that the driver can hear traffic sounds.
5. Keep hands and head inside the bus. Do not stick anything out of the window.

Leaving the Bus

1. Do not leave your seat until the bus comes to a full stop.
2. Take your turn; don't crowd in front of others.
3. Use the handrail.
4. Wait for teacher instructions to get off the bus

Disciplinary Procedural Progression for Improper Behavior on School Bus

1. Driver warns student.
2. Disciplinary notice/phone call to parents.
3. 10 (2 full school weeks) days suspension of bus privileges.
4. 20 (4 full school weeks) days suspension of bus privileges.
5. Permanent Suspension of Bus Privileges.

Note: Misconduct on the Bus can result in *program suspension*. Examples of bus misconduct include chronic disruptive behavior and disorderly conduct; fighting & assault on other students.

FAILURE TO HONOR ANY PART OF THIS BUS BEHAVIOR CONTRACT COULD RESULT IN DISCIPLINARY ACTION THAT MAY INCLUDE TEMPORARY OR PERMANENT SUSPENSION FROM RIDING THE BUS. THE YOUTH PROGRAM MANAGEMENT RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO REMOVE A STUDENT FROM THE BUS AS A RESULT OF HIS/HER FAILURE TO ABIDE BY THE TERMS OF THE BUS BEHAVIOR CONTRACT. UNDER SUCH CIRCUMSTANCES, THE PERSON(S) SIGNING THE TRANSPORTATION AGREEMENT WILL REMAIN RESPONSIBLE FOR PAYMENT OF THE FEES FOR THE FULL TERM OF THE CONTRACT

The parent and student are each asked to sign and return to the school the statement below:
I am aware of and agree with the standards of conduct expected by the Keesler Youth Programs children for bus riders and I understand and agree with the regulations which are necessary in order to provide for the safety and welfare of all children.

Parent / Guardian Signature _____

Student Name _____

Date _____

Subject: Parent Acknowledgement and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs and systems to meet the needs of military children and youth by:

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest.

CYB-MFLCs are flexible and can schedule appointments, meetings and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Acknowledgement of Understanding:

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported *as a part of a formal group focused on different topic areas*. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date: _____

KEESLER AFB YOUTH PROGRAMS OPEN RECREATION AGREEMENT 2020-2021

Youth Name _____ Age/Grade _____

Transportation service is only provided for pick up at Biloxi Junior High and Biloxi High School

Do You Require After School Pickup? (Please Circle Yes or No): YES or NO

Code of Conduct & Expectations

All youth participants in Keesler AFB Youth Programs Open Rec. shall exercise exemplary behavior at all times. Such behavior is a reflection of respect for themselves, the program, and others, and represents the high ideals of Keesler Air Force Base. The following behavior shall be maintained during all KAFB Youth Programs activities:

Required Forms prior to enrollment:

- **AF Form 88**
- **Copy of Immunization Records**
- **Auto payment credit card authorization sheet**
- **Keesler AFB Bus Regulations**
- **MFLC Form**
- **(if applicable) AF Form 1055, Allergy/Asthma Action Plan, Medication Carry Waiver**

Program Cost:

Yearly/\$120 or Punch card/\$25 (which includes 10 visits and 2 visitor slots)

Hours of Operation for Open Rec (Teens & Tweens Programs)

- The Youth Open Rec Program will be open Monday Friday from 3:00pm 7:30 pm (starting Feb 1st 2021).
- Early dismissals will have adjusted program hours TBA.
- Summer hours of open rec will be Mon-Fri from 1:00pm-7:30pm.
- Closed on all Federal Holidays, AETC Family Days, and any day deemed by Wing CC or Presidential Order

Transportation Information

- ***Youth Center will offer pick up for a fee to Biloxi Junior High and Biloxi Senior High Schools.**
- An additional \$4.25 weekly transportation fee will be charged for after school pick-up.
- Once you have registered your youth for weekly pick up, you have reserved a daily space.

- YP Bus departs for school pickups at 2:45 p.m.
- Please inform the Youth Staff of any changes regarding your Youth Care Needs or if your youth will miss a scheduled day. Please call 228-377-4116 before 2:00 p.m. for after School Pick up.
- Parents/Guardians will be notified if child is not in attendance for scheduled After School Pick Up.
- Youth 9-12 may sign themselves in and out for the Open Rec Program.

Dress & Shoes

- Appropriate clothing shall be worn at all times, as outlined below:
 - For females, midriffs and cleavage shall be covered. Avoid spaghetti straps & tank tops.
 - For males, pants shall be fitted around the waist, not riding low on the hips.
 - All undergarments shall be covered at all times.
 - T-shirts, if decorated, shall be tastefully decorated (no vulgar, crude language or pictures; no violence, drugs, tobacco or alcohol slogans),
 - Pants or modest length shorts (mid-thigh) are acceptable.
 - Jewelry should be minimal and should not interfere with ability to perform outdoors activities and tasks.
 - Shoes should meet requirements of activities offered to include closed toe shoes such as tennis/athletic shoes. This is to prevent accidents or injuries to feet while in gym or on playground.

Behavior

- Respect for yourself, others and the property of others is expected at all times.
- Tobacco product use is prohibited.
- Possession of any type of weapon is prohibited.
- Possession of alcoholic beverages is prohibited, and alcohol shall not be consumed immediately prior to or during any Keesler AFB YP activity.
- Non-prescription drug use or possession is prohibited.
- Participation, cooperation, respect for others, and a positive attitude are expected.
- Fighting, hitting and/ or bullying of any form including cell phone/social media use are unacceptable behaviors will not be tolerated.
- Inappropriate physical contact is prohibited. Inappropriate contact includes any contact that could be interpreted by another person as sexually motivated, including, but not limited to: invading personal space, touching, or otherwise demonstrating inappropriate interest or attention. Sexting is also inappropriate behavior will not be tolerated.

Technology and Media Policy:

- Appropriate use of the Youth Programs computers by youth, adults, and staff is expected. Youth are encouraged to access approved websites made available to the Youth Programs to support

BGCA and 4-H programming. Personal software, CD's, flash drives, devises, etc. are not allowed on Youth Programs computers without permission by YP staff.

- Websites containing inappropriate material, language, behavior and/or other adult content are restricted.
- Youth signing this policy (with parental/adult permission) will be able to access internet web space such as Facebook but will be monitored for responsible use by Youth Programs staff.
- [Cyber bullying] and [Sexting] are inappropriate behaviors will not be tolerated. If good judgment is not exhibited in computer use, corrective action will be taken with the teen and matter discussed with parents/guardians.
- AF 34-144 Technology and Media Policy. Section 15.17.5. [Youth ages, 9-12, may view PG movies with parental permission. Teens may view PG-13 movies with parental permission. Teens may not view R-rated movies. Blanket permissions are not allowed for movies.]

Consequences for not adhering to code of conduct:

- Possession of any type of weapon or illegal drugs will result in immediate dismissal from program and notification of parents and the authorities.
- Possession of tobacco or alcohol will result in the immediate notification of parents/guardians and the dismissal from future program activities.
- Everything from the way our environment is set up, to our daily schedules, activities and staff interaction play a key role in our disciplinary procedures:
 - Step 1: Verbal warning.
 - Step 2: Cool-off period/mediation/problem solving.
 - Step 3: Parents called for conference and establishment of a behavior plan.
 - Step 4: Temporary (1-10 school day) suspension from program.
 - Step 5: Seek to find a more suitable setting (FCC provider with direct care)

I understand and will abide by the above policies and conduct expectations. I understand this is a privileged service program and transportation may be subject to cancellation due to lack of participation.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian's Signature	Date
_____	_____	
Youth's Name	Youth's Signature	



Automatic Billing Information

Note: We accept Visa and MasterCard only.

Child's Name: _____

Cardholder's Name (As it appears on Credit Card): _____

Account Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Expiration Date (MM/YY): _____ / _____

I hereby authorize the Keesler Youth Center to automatically charge my credit card for the following:

_____ One-time payment of \$25 for Teen Punch Card.

_____ One-time payment of \$120 for yearly membership Fee.

_____ Monthly transportation fee. *Amount will vary depending on usage.

PARENT SIGNATURE: _____ DATE: _____

This document contains personal data to the Privacy Act of 1974, 10USC 8012 & EO 9397. It requires safeguarding and disclosure only as authorized in AFL 33-332.

CONFIDENTIALITY APPLIES.



Special Care Action Plan

C41 Children who have been identified with a special need (s) are provided services within CYP when reasonable accommodations can be met. Children with special needs require more than routine and basic care. This includes Children with or at risk of disabilities, chronic illnesses and/or physical developmental, behavioral, or emotional conditions requiring additional health and/or related services. *Prior to enrolling in any CYP, the child's developmental and/or medical requirements have been reviewed by the CYP Medical Advisor and a team of experts to determine if reasonable accommodations can be met.*

Childs Name: _____ **Date of Birth:** _____

Sponsor: (circle) Active Duty DoD Civilian DoD Contractor

Branch of service: Army Navy Air Force Marines Coast Guard Other

Mother:	Cell Phone:	Work phone:
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Father:	Cell Phone:	Work phone:
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Guardian:	Cell Phone:	Work phone:
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Child's Primary Care provider	Name:	Office phone:
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		Office Fax:
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Child's Specialist provider:	Name:	Office phone:
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		Office Fax:
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Section A: TO BE COMPLETED BY PARENT

My CHILD's Diagnosis (physical, emotional ect):

My CHILD's overall Health (describe last 6 months):

My CHILD's CURRENT Medication and doses: (describe the medication and those that your child takes and those that need to be given at the CYP and any special techniques or precautions you use when giving them. Include any special routines or child requires.)

My CHILD's MEDICATION ALLERGIES:

Medical documentation provided and attached: YES NO Not needed

Require EPI Pen? YES NO

If Epi Pen is required, please include Food Allergy Anaphylaxis Emergency Exposure Response Care Plan.

My CHILD's Nutritional needs:
Specific nutrition/feeding related needs and any safety issues:

FOOD ALLERGIES: YES NO REQUIRES EPI PEN: YES NO

Foods to avoid (allergies and/or intolerances):

Please include Food Substitutions :

My CHILD's Respiratory Care needs: (describe the care or treatments your child needs at the CYP and any special techniques or precautions you use when giving care. Include any special routines or child has for respiratory care:

My child has ASTHMA : YES NO REQUIRES NEBULIZER/INHALER: YES NO

Triggers:

Signs of distress:

My CHILD's Communication needs:

HEARING IMPAIRED: YES NO HEARING DEVICES/HEARING AIDS:

ASSISTANCE WITH DAILY LIVING: (Write about your child's ability to feed him or herself, bathe, get dressed, use the bathroom, comb hair, brush teeth etc. Describe what your child can do by him or herself and any help or equipment (wheel chair, walker etc.) your child uses for these activities)

My CHILD RECEIVES THE FOLLOWING EARLY INTERVENTION SERVICES / COMMUNITY HEALTH CARE / SERVICE PROVIDERS AT THE CHILD CARE CENTER:

(i.e. OCCUPATIONAL THERAPY:PHYSICAL THERAPY:SPEECH OR LANGUAGE THERAPY)

MY CHILD is enrolled in the EFMP: Yes NO Would like information

My CHILD's STRENGTHS AND OTHER THINGS I'D LIKE YOU TO KNOW ABOUT HIM/HER:

DISCLOSURE IF VOLUNTARY. Providing the data is voluntary. However, failure to provide answers to all or part of questions may result in refusal of day care services. FOR OFFICIAL USE ONLY. This form may contain personal medical information protected by the Privacy Act of 1974 (see AFI 33-332) and the Health Insurance Portability and Accountability Act (HIPPA) (see DOD 6025.18-R) not intended for disclosure outside government channels and exempt from mandatory disclosure under the Freedom of Information Act, 5 U.S.C., 552.Exemption 6 may apply. Title 5, U.S.C. 552a, The Privacy Act of 1974, as amended, which affords individuals the right to privacy in records maintained and used by Federal agencies. NOTE: 5 U.S.C. 552a includes Public Law (PL) 100-503, The Computer Matching and Privacy Act of 1988.

Signature of Parent/legal guardian:

DATE SIGNED:

Signature of CDC Director: _____

DATE SIGNED:

Program can meet
Required IAT Meeting

This Special Care Plan must be reevaluated in no more than 12 months from the date.