Membership for Middle School Teen (MST)
Services ONLY Registration
6th – 12th Grades

The documents below are required to help us provide a safe environment for your children at the Youth Services Building.

- ☐ **CYSS Youth Program Registration & Sponsor Consent**

- ☐ **DA Form 5223-R Health Assessment / Sports Physical** *(one per child)*
  (Required if playing Youth Sports)

- ☐ **CYS Parent Permission/Agreement Card for Internet Use**

- ☐ **DA Form 7625-1 Health Screening Tool** *(one per child)*

Code Of Conduct

Forms can be dropped off at McConnell Youth Center
717-245-3801

FORMS UNDERLINED MUST BE FILLED OUT YEARLY

Our Youth Services Building will open for OPEN REC**

Monday – Friday 1500-1900

SUMMER 1300-1900 Monday – Friday

**Open REC you must be in 6th grade or higher grade levels to be in the building.

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services (formerly known as CER). CYSS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYSS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012. **PRINCIPAL PURPOSE(S)**: To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES**: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

YOUTH: Last Name _____ **First Name** _____ _____ **Nickname** _____

Gender: (circle one) M / F Grade _____ **School** _____ **DOB** _____ **Age** _____

E-mail Address: _____

I authorize YP to email me information and announcements about programs and events: Yes _____ ***No*** _____

SPONSOR: Last Name _____ **First Name** _ _____

Status: Act Duty / Guard / Reserve / DOD Civ / Other _____ **(If Mil: Rank** _____ **Branch: AR / AF / NA / MA / CG)**

Unit/Employer _____ **Unit/Emp Address** _____ **APO AE** _____

Kaserne/Post _____ **Work Phone** _____ **Cell Phone** _____

Mailing Address _____ **APO AE** _____

Home Phone _____ **On-Post? Y or N Sponsor Email Address** _____

SPOUSE: Last Name _____ **First Name** _____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed / Other _____

(If Mil: Rank _____ **Branch: AR / AF / NA / MA / CG) Spouse Email Address** _____

Unit/Employer _____ **Unit/Emp Address** _____ **City** _____

Zip _____ **Bldg #/Kaserne** _____ **Work Phone** _____ **Cell Phone** _____

EMERGENCY/RELEASE CONTACTS ***(Local adults, not parents, authorized to respond in an emergency*)**:

1. Last Name _____ **First Name** _____ **Work Ph** _____ **Cell** _____

Home Phone _____ **Is this person authorized to pick-up youth? Yes** _____ **No** _____

2. Last Name _____ **First Name** _____ **Work Ph** _____ **Cell** _____

Home Phone _____ **Is this person authorized to pick-up youth? Yes** _____ **No** _____

Please continue on back side

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYSS representative to obtain medical/dental care for my youth in an emergency situation where his/her 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 paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your Youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, etc.)
Yes ☐ No ☐ (If yes, DA form 7625-1 will be sent to you for completion and must be returned within 5 days.)

Can your Youth be photographed while participating in a CYSS program for release to the media? Yes____No____

Does your Youth have permission to access social networking sites? Yes ____No _____

If yes, does your Youth have permission to access the internet? Yes____No____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

DATE: _____ Parent/Guardian SIGNATURE: _____

STAFF TELEPHONIC VERIFICATION: Name of verifying parent:_____

Staff Name_____ Verification Date_____Time _____

Special needs? Y or N If yes, date DA 7625-1 sent to parent:_____ Date returned:_____

Date CYSS pass issued:_____ Staff Signature_____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information: 717-245-4555 Parent Central Services Information: 717-245-3801

Youth Services
Bldg 459, Bouquet
Road Carlisle, PA
17013
Monday – Friday 1500-1900 hours
Summer Hours: Monday – Friday 1300-1900 hours

www.facebook.com/carlislebarracksmiddleschoolteen
www.carlislemwr.com

Notes:

1. *Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form.*
2. *CYSS staff will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.*
3. *Once registration is validated (and, if required, DA 7625-1 is completed and returned), annual pass will be issued to youth.*
4. *Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.*
5. *To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.*

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING – TOOL #1

PRIVACY ACT STATEMENT

AUTHORITY:	10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs, DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program: AR 608-10, Child Development Services; and E.O. 9397 (SSN).
PRINCIPAL PURPOSE:	Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family member Program (EFMP) and the Army Child and Youth Services Program.
ROUTINE USES:	The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system
DISCLOSURE:	Disclosure of requested information is voluntary; however; if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

SNAP Case Number: _____

FOR CER COMPLETION ONLY

☐ Initial Registration
Is child on waiting list? ☐ Yes ☐ No
Date care needed? _____
☐ Re-registration/Child Already in Program
☐ Change in Program

Date in from Patron:

Date out to APHN:

Part A – General Information

Child/Youth Name	Child/Youth School Grade (example: 3rd Grade)	Date of birth (YYYYMMDD)	Age
	6		

Type of Placement Requested: (check all that apply)
☐ Hourly Care ☐ Full Day Care ☐ Middle School/Teen Program ☐ Summer Camp ☐ Other: (specify)
☐ Part Day Care ☐ Before/After School Care ☐ SKIES/Instructional Classes ☐ Sports

Sponsor Name	Sponsor E-mail	Sponsor SSN
Spouse Name	Spouse E-mail	
Home Phone	Cell Phone	Sponsor Unit
Home Address		Sponsor Duty Phone

Part B – Identification of Child/Youth Condition/Restrictions

Does you child have any of the following conditions/restrictions: (check no or yes and answer questions as appropriate)

1. Allergies
   a. Life threatening reaction? ☐ No ☐ Yes
   b. Rescue Medication (Epi-pen, Benadryl, Inhaler) ☐ No ☐ Yes
   c. Does child/youth need rescue inhaler? ☐ No ☐ Yes
   If your child/youth has an allergy, please list: _____
   _____
   Reaction: _____
   _____
2. Special Diet ☐ No ☐ Yes
   a. Is your child on a complex diet (i.e. gluten free, diabetic) ☐ No ☐ Yes
   b. Does your child have a food intolerance/mild food allergy (i.e. rash from strawberries/milk intolerance)? ☐ No ☐ Yes
   c. Does your child have a dietary religious restriction? ☐ No ☐ Yes
3. Asthma/Reactive Airway Disease/Breathing Problems? ☐ No ☐ Yes
   a. Does your child need a rescue med? ☐ No ☐ Yes
4. Does your child have diabetes? ☐ No ☐ Yes
5. Does your child have seizures? ☐ No ☐ Yes
6. Attention Deficit Disorder (ADD/ADHD)
   a. Are there behavior/conduct concerns while on meds? ☐ No ☐ Yes
   b. List ADD/ADHD medications: _____
   _____
   _____
   _____
7. Behavior/ conduct concerns (oppositional defiant disorder, anxiety, depression, bipolar, other)? ☐ No ☐ Yes
8. Autism Spectrum Disorders (Autism, Aspergers, Rett Syndrome, PDD-NOS) ☐ No ☐ Yes
9. Does your child have any of the following health concerns? ☐ No ☐ Yes
   (circle all that apply)- Hearing impairment, vision impairment other than corrective lenses, heart, kidney, physical disability
   SEVERE skin condition
   Please specify _____
   _____
10. Does your child have a speech/language and/or hearing loss that affects their ability to communicate their basic needs (hurt, bathroom, fear, thirst)? ☐ No ☐ Yes
    Explain: _____
    _____
    _____
11. Does your child have developmental delays other than MILD speech language/MILD hearing loss? ☐ No ☐ Yes
    Explain: _____
    _____
12. Are there any other conditions or concerns that you would Like staff to be aware of? ☐ No ☐ Yes
    Explain: _____

Part C – Medications

List any medications that are prescribed for your child/youth other than those listed above:

Will your child require medication administration during child care/youth supervision hours? ☐ No ☐ Yes

Part D – Early Intervention and Special Education

Does your child/youth receive special services/therapies? ☐ No ☐ Yes
Please specify: _____

Does your child/youth have an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP) or 504 Plan? ☐ No ☐ Yes

Part E – Exceptional Family Member Program (EFMP) Enrollment

Is your child enrolled in the EFMP? ☐ No ☐ Yes If yes, specify for what condition: _____

_____ _____
Printed Name and Signature of Parent/Personal Representative of Child/Youth Date (YYYYMMDD)

If you have answered NO to all the questions above you are now finished with this form.
Please sign and date indicating that the information above is accurate and complete to the best of your knowledge.

Child, Youth and School Services strives to provide the safest and healthiest environment for your child/youth and relies on your accurate and honest information to support this goal. Please understand that placement and/or care for your child/youth could be delayed/suspended if information is falsified or intentionally omitted on registration documentation. If there are any changes to your child/youth's health please notify CYS Services immediately.

If you answered YES to any of the questions above, complete Part F on the next page.

Form Updated 11 Mar 09

Child/Youth Name	Date of birth (YYYYMMDD)	Age

Part F – Release of Information

I authorize _____(name of Medical Treatment Facility or physician's practice) to release any medical information regarding my child _____(name of child) to the _____ (name of installation) Child & Youth Services (CYS) Special Needs Accommodation Process (SNAP) personnel and their staff that is necessary to conduct SNAP review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the SNAP on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025, 18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

_____ _____

Printed Name and Signature of Parent/Personal Representative of Child | Date (YYYYMMDD)

Part G – Army Public Health Nurse (APHN) Review

Current Medications other than those listed on page 1:

Diagnosis: _____

Background/Notes:

Medical Records Reviewed? ☐ No ☐ Yes ☐ Not Available

Training for CYS Staff/Provider Required:

Recommendation Summary:

SNAP REQUIRED: ☐ No SNAP required ☐ Modified ☐ Full ☐ Annual Review (No team meeting required)

Requirements Prior to Placement:

Medical Action Plan reviewed by APHN: ☐ Respiratory ☐ Allergy ☐ Seizure ☐ Diabetes ☐ Special Diet ☐ Other_____

APHN Printed Name or Stamp	APHN Signature	Date (YYYYMMDD)

Date Received by APHN	Date Returned to CER:

Form Updated: 11 Mar 09

Carlisle Barracks / McConnell Youth Center - CYS Services Youth Technology Lab (YTL)
Parent Permission / Agreement Card for Internet Use

Date: _____

Child/Youth Name (Print)_____ Age: _____ Grade Level: _____

1. All children/youth using the CYS Services YTL must abide by all YTL rules.
2. Using another person's User ID or password without permission is prohibited.
3. Illegal activities are strictly forbidden. It is illegal to hack or gain illegal entry into other computers.
4. Use the network in such a way as to not disrupt the use of the network by others.
5. The writer of the message must sign the message. Messages may not be sent anonymously.
6. Understand privacy is NOT guaranteed when using the Internet and services associated with Internet traffic.
7. Any use of the network for product advertisement or political lobbying is prohibited.
8. Children/Youth may not order products or services on the network.
9. Personal addresses, phone numbers and personal data of children/youth are not to be revealed over the INTERNET.
10. Users must abide by copyright laws.
11. The YTL Program Lead or CYS Services staff reserves the right to remove a user from the lab/network if these policies are not followed.

I give my child/youth (print name) _____ permission (check all that apply)

- ☐ to set up and /or have access to an e-mail account
- ☐ to create, design, and post a web page on the INTERNET
- ☐ to create and have a Social Networking Site as allowed by the Garrison (must be 13 or older)

Note: This permission form does not eliminate the requirement for Basic Computer Skills Training, Internet Use Training or Social Networking Site Training. Parents are responsible for the actions of their child/youth.

I agree to this Internet Use Policy and hold the Carlisle Barracks CYS Services Program and the YTL Program Lead/staff harmless for any consequences resulting from the use of the INTERNET, Social Networking Sites, Email, Chat Rooms, Web Page Posting, Digital Pictures and Video.

Parents/Guardian Name (Print)_____ Signature:_____

User's Name (Print)_____ Signature:_____

I, _____, understand the INTERNET Use agreement. I further understand that any violation of the regulations can be a violation of local, state, and federal laws and that I can be prosecuted for violating those laws. Should I commit any violations, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be taken.

User's Signature:_____ Parent/Guardian Signature:_____

NOTES

Date	PC Number	Notes

Child Internet Protection Act of 2001 (updated 2011): http://www.fcc.gov/guides/childrens-internet-protection-act
Title XIII Child Online Privacy Protection Act of 1998: https://www.ftc.gov/enforcement/rules/rulemaking-regulatory-reform-proceedings/childrens-online-privacy-protection-rule

U.S. Army Child, Youth & School Services

McConnell Youth Center Middle School & Teen Program

Code of Conduct

I hereby, pledge to be positive about my experience and accept responsibility for my participation by agreeing to and following this code of ethics pledge:

1. I will use appropriate language and respect my peers and staff.
2. I will follow all guidelines of the event/activities.
3. I will show responsibility at all times by cleaning up any mess I make and by putting away any materials I use.
4. I will encourage good sportsmanship and positive cooperation from my fellow participants.
5. I will remember that the youth center is an opportunity to learn and to have FUN.
6. I will keep my hands, feet, and other parts of my body to myself.
7. I will only touch things that belong to me.
8. I will refrain from public displays of affection.
9. I will abstain from smoking or use controlled substances in or around the McConnell Youth Center.
10. I will refrain from bringing any outside food into the McConnell Youth Center.

I pledge to keep to this code of conduct. If I disobey any portion of this pledge I understand that there will be a consequence for that choice. For the first incident the staff will speak to youth and write an incident report. Second incident, staff will speak to youth, write an incident report and notify sponsor. Third incident, staff will write an incident report, notify sponsor and suspend youth for three days.

_____

Youth's Signature

_____ _____

Printed Name Date

_____ _____

Parents Signature Date