FORT MONROE
Child & Youth Services
PROGRAM REGISTRATION FORM

Revision 2.0 May-2007

Registration Date:

SPONSOR: ______ Rank/Grade ______ Last ______ First ______

Branch of Service: ______

Home Address: ______ Street

Cell Phone #: ( )

______ City ______ Zip Code

Hm Phone #: ( )

On/Off Post *(Please circle one)*

Dual Military: Y / N *(circle one)*

Single Parent: Y / N *(circle one)*

Employer/Unit: ______

Mission Essential: Y / N *(circle one)*

Deployed: Y / N *(circle one)*

Address: ______

Wk Phone #: ______

Time Frame: ______

E-mail Address: ______

Status: Active / Retired / DA Civilian / Civilian *(Please circle one)*

SPOUSE: ______ Rank/Grade ______ Last ______ First ______

Branch of Service: ______

Home Address: ______ Street

Cell Phone #: ( )

______ City ______ Zip Code

Hm Phone #: ( )

On/Off Post *(Please circle one)*

Dual Military: Y / N *(circle one)*

Employer/Unit: ______

Mission Essential: Y / N *(circle one)*

Deployed: Y / N *(circle one)*

Address: ______

Wk Phone #: ______

Time Frame: ______

E-mail Address: ______

Status: Active / Retired / DA Civilian / Civilian *(Please circle one)*

CHILD #1: ______ Last ______ First ______ M.I. ______

DOB: ______ **Gender:** M / F *(Please circle one)* **School:** ______

Medical/ Educational Concerns: ______ **Grade:** ______

Allergies: ______

Ethnic Background: (Please circle one) **White** **Black** **Asian** **Hispanic** **Native American** **Multiracial**

ENROLLED IN: (please circle) **CDC** **SAS** **MS/T** **FCC** **SPORTS** **STACC** **OTHER**

Program: **Start Date:**

Room #/Provider: **Orientation Date:**

CHILD #2: ______ Last ______ First ______ M.I. ______

DOB: ______ **Gender:** M / F *(Please circle one)* **School:** ______

Medical/ Educational Concerns: ______ **Grade:** ______

Allergies: ______

Ethnic Background: (Please circle one) **White** **Black** **Asian** **Hispanic** **Native American** **Multiracial**

ENROLLED IN: (please circle) **CDC** **SAS** **MS/T** **FCC** **SPORTS** **STACC** **OTHER**

Program: **Start Date:**

Room #/Provider: **Orientation Date:**

CHILD #3: ______ Last ______ First ______ M.I. ______

DOB: ______ **Gender:** M / F *(Please circle one)* **School:** ______

Medical/ Educational Concerns: ______ **Grade:** ______

Allergies: ______

Ethnic Background: (Please circle one) **White** **Black** **Asian** **Hispanic** **Native American** **Multiracial**

ENROLLED IN: (please circle) **CDC** **SAS** **MS/T** **FCC** **SPORTS** **STACC** **OTHER**

Program: **Start Date:**

Room #/Provider: **Orientation Date:**

EMERGENCY NOTIFICATION DESIGNEES(S):

Name (1): ______

Child Release Designee: Yes / No *(circle one)*

Home Phone: ( )

Duty/Work Phone: ( )

Cell Phone: ( )

Name (2): ______

Child Release Designee: Yes / No *(circle one)*

Home Phone: ( )

Duty/Work ( )

Cell Phone: ( )

Name (3): ______

Child Release Designee: Yes / No *(circle one)*

Home Phone: ( )

Duty/Work Phone: ( )

Cell Phone: ( )

Child and Youth Services Registration Form

Sponsor: (last name) ____________________ (first) ____________________ ____________________

Child: (last name) ____________________ (first) ____________________

PARENT/GUARDIAN CONSENT PERMISSION:

I, ____________________ Parent/Guardian of ____________________

in consideration for being allowed to participate in Child & Youth Services, hereby release the Fort Monroe VA 23651 Morale Welfare Recreation (MWR) activities and the United States Government from any and all liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government for any loss, damage or injury to my person or property that may occur from any cause whatsoever as a result of taking part in this activity. I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my gross negligence, willful misconduct, or fraud.

In addition, I consent to the following:	Yes	No
1) To use audio/video/photos of my child for media purposes with prior knowledge.	______	______
2) Participate in field trips (on or off post) with prior knowledge.	______	______
3) Use of Government or commercial vehicle transportation	______	______
4) Transportation in a private vehicle is authorized, for emergency's.	______	______
5) Independantly participate in athletic events, classes, youth clubs, walking to and from school visiting friends, 4-H, BGCA or other activities such as:	______	______

MEDICAL CONSENT

I, ____________________ Parent/Guardian of ____________________ give consent for an authorized CYS representative to take my child for care, medical or dental, in an emergency situation when 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 before such action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 2-24b.

30 DAY SUSPENSE CHECKLIST:

I understand that I have thirty (30) days to submit the documents below and that these documents cannot be waived. Failure to do so will result in my child being denied services from any / all CYS programs

____________________ Health Assessment
(due date)

____________________ Family Care Plan-DA 5305-R (or branch equivalent)
(due date) *(as prescribed by AR 600-20 and AR 608-10)*

Sole and Dual Military Care Plan

I understand that as prescribed by AR 600-20 and AR 608-10, I am required to maintain an accurate Family Care Plan for my dependent child. I am also aware that I must provide CYS with a complete, approved, and verfiable DA form 5303-R within 30 days from the date of registration or service may be denied. I understand that I will provide updated information annually or more frequently in order to maintain accurate information.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United Stated Code, Section 3013

PRINCIPLE PURPOSE(S): To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.

ROUTINE USES: Information is furnished to the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structure.

DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided, individuals may not be allowed to participate in CYS programs.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or sex, within the limits of AR 608-10. CYS programs participating in the Food Program shall offer meals without physical segregation, or discrimination against any child regardless of ability to pay.

PARENT SIGNATURE:

I have reviewed the attached household and family information file. To the best of my knowledge, the information on this form and contained therin is accurate and complete.

____________________ ____________________
Parent Signature *Date*

FORT MONROE CHILD AND YOUTH SERVICES (CYS)
SPONSOR/PROGRAM AGREEMENT
Middle and High School Program

I agree to enroll my youth ______________________ in the Middle/High School Program based at the Youth Services, Bldg 221, and 100 Stilwell Road.

OPERATING HOURS

Monday-Thursday 3:00 p.m. – 6:00 p.m.
Friday - Saturday 3:00p.m. – 9:00 p.m.

POLICIES

I acknowledge that my child is expected to handle herself/himself in a socially acceptable manner that includes treating others with respect, refraining from any type of violent behavior and following staff guidance. I understand that my child may be restricted from participating in the program if in the opinion of CYS management his/her continued presence places himself/herself or others in the program at risk.

I understand that while many of the activities will occur at the Youth Services, other activities will involve trips away from the Youth Center. I agree to transportation of my child in a government vehicle (bus or van).

I acknowledge a shared responsibility with CYS personnel for child abuse prevention. I will bring to management's attention any concerns that I have reference the treatment of children in Child & Youth Services Programs.

I understand that my child must sign in on a daily basis and that I may elect to authorize him/her to sign him/her out. I understand that when my child swipes out at youth Services:

☐ My child may come and go from the Middle/High School Program as he/she pleases.

☐ My child may sign himself/herself out of the program after ______ hours.

☐ My child may not sign himself/herself out of the program. I, my spouse, or one of the emergency contacts indicated on the registration card must sign him/her out.

SIGNATURE OF SPONSOR	DATE
EMAIL ADDRESS	
SIGNATURE OF CYS REPRESENTATIVE	DATE

Virginia Cooperative Extension

REVISED 2008 **PUBLICATION 388-002**

Date ____________________

1. **Name** ____
LAST FIRST MI

2. **Mailing Address** ______________________________________
RFD AND BOX NUMBER OR STREET NAME AND NUMBER

____
CITY OR TOWN STATE ZIP

3. **Home Phone** (________)____________________ 4. **Alternate Phone** (________)______________

5. **Birthdate** ____/____/____
Month/Day/Year

6. **Gender** (check one)
Male ❐
Female ❐

7. **Hispanic Ethnicity** (check one)
Hispanic or Latino ❐ Not Hispanic or Latino ❐

8. **Racial Groups** (check all that apply)
White ❐
Black or African American ❐
American Indian or Alaskan Native ❐
Asian ❐
Native Hawaiian or Other Pacific Islander ❐

9. **Residence** (check one)
Farm ❐
Rural Non-farm or town less than 10,000 ❐
Town/City 10,000 to 50,000 ❐
Suburb ❐
City over 50,000 ❐

10. **Grade in school** ______ 11. **Name of School** ______________________________

12. **Years in 4-H**, Counting this year ______ 13. **Email** (if available) ______________________

14. **Parent/Guardian Name** ______________________________________

Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature below I give permission for Virginia Cooperative Extension to use such reproductions for educational and publicity purposes.

I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.

Signature of Parent/Guardian* ______________________________ Date: ________________

*Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.

Signature of Youth ______________________________ Date: ________________

☐ Check box if you decline permission for photos to be taken.

15. **Projects to be Conducted** (see list on back)

CODE	PROJECT NAME

16. **Teen Leader** ______Yes ______ No

17. **Office held this year** (circle)
1 President
2 Vice President
3 Secretary
4 Treasurer
5 Reporter
6 Recreation Leader
7 Other __________

18. **Name of 4-H Club(s) or Group(s)**______________________________ 19. **All Star** ______ Yes ______ No

19. **Is your parent(s)/guardian(s) in the military?**__________________

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VT/0804/rev0807/W/388002

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VIRGINIA STATE UNIVERSITY

YS

Fort Monroe CYS Internet Use & Computer Lab Permission Agreement Card

Date: ____________

Child/Youth Name (Print)_______________________________________ Age: _________

I give my child, ______________________________, permission to use the Internet at the Fort ___________ Youth Technology Lab. and agree to the INTERNET use policy.

1. All children/youth using the CYS Youth Technology Lab must abide by all Youth Technology Lab rules.
2. Inappropriate language, swearing, abusive language is forbidden.
3. Using another person's User ID or password without permission is prohibited.
4. Illegal activities are strictly forbidden. It is illegal to hack or gain illegal entry into other computers.
5. Use the network in such a way as to not disrupt the use of the network by others.
6. The writer of the message must sign the message. Messages may not be sent anonymously.
7. Understand privacy is NOT guaranteed when using the Internet and services associated with Internet traffic.
8. Any use of the network for product advertisement or political lobbying is prohibited. 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 staff reserves the right to remove a user from the lab/network if these policies are not followed.
12. I give permission for my child to set up and /or have access to an e-mail account (AKO only)
13. I give permission for my child to create, design, and post a web page on the INTERNET (supervised and approved by staff)
14. This permission form does not eliminate the requirement for Basic Computer Skills Training or Internet Use Training and as always parents are responsible for the actions of their child/youth.

I agree to hold the Fort Monroe CYS Program and the YTL Program Lead/staff harmless for any consequences resulting from the use of the INTERNET, Email, Chat Rooms, Web Page Posting, Digital Pictures and Video.

Parents/Guardian Name (Print)______________________________ Signature:______________________________

User's Name (Print)______________________________ Signature:______________________________

Privacy Act Statement

AUTHORITY: 5 U.S. Code, Section 301, and E.O. 9397
PURPOSE/ROUTINE USE: Information is needed for contacting participants and parents utilizing CYS facilities.
DISCLOSURE: Voluntary; however, failure to provide requested information may result in the child (ren) not being able to participate in CYS programs.

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 AND YOUTH SERVICES (CYS)
FORT MONROE

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION TO SPECIAL NEEDS RESOURCE TEAM (SNRT), and CYS Programs

Authority – Public Law 104-191, "Health Insurance Portability and Accountability Act (HIPPA)," August, 21, 1996.

I authorize **Child and Youth Services** to release my patient information to the CYS Special Needs Resource Team (SNRT) which will be used to provide the most appropriate care for my child.

1. The authorization applies to SNRT notes, asthma action plans, physicals, medical notes, immunization records, school education plans and intervention program plans. Only representatives from the CYS programs responsible to the CYS SNRT will have access to the information.
2. Start Date: the authorization start date is the date that you sign this form authorizing release of information.
3. Expiration Date: The authorization shall continue until enrollment in the CYS program is no longer necessary according to service specific criteria.

CYS Program:

Any and all medical information submitted by the parent will be maintained in the child's CYS records. This and all medical information will be securely locked with limited access to medical information.

I understand that:

1. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facilities where my records are kept. I am aware that if I later revoke the authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
2. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
3. I have the right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named provider/treatment facility to release the information described above to the named individual/organization.

Child's Name	
Signature of Sponsor/Guardian	Date
CYS Staff Representative	Date

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

For use of this form, see AR 608-75; the proponent agency is OACSIM.

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.

Part A - General Information

1. Child's Name		2. Date of birth (YYYYMMDD)
3. Family member prefix		
4. Type of placement requested		5. Date (YYYYMMDD)
6. Sponsor name		7. SSN (last four digits)
8. Spouse name		
9. Home phone	10. Duty phone	11. Cell phone

Part B - Identification of Child/Youth Condition/Restrictions

Child has any of the following conditions/restrictions: (Check yes or no)

1. Allergies
   ☐ No ☐ Yes (explain)

   a. Life threatening reaction
   ☐ No ☐ Yes (explain)

   b. Epi-pen required
   ☐ No ☐ Yes

   c. Other allergic reations (hives, rash, diarrhea)
   ☐ No ☐ Yes

2. Asthma reactive airway disease
   ☐ No ☐ Yes (explain)

   a. Triggers exist for child's asthma attacks (stress, environmental, exercise)
   ☐ No ☐ Yes (explain)

   b. Child routinely (greater than 10 days per month/four months per year) uses inhaled anti-inflammatory agents and/or bronchodilators
   ☐ No ☐ Yes (explain)

   c. Child has taken steroids during the past year (prednisone, prednisolone)
   ☐ No ☐ Yes (indicate number of days in past year)

d. Child has experienced unconsciousness or seizures associated with asthma attacks

☐ No ☐ Yes (explain)

e. Child required an urgent visit to emergency room or clinic for acute asthma within the last 12 months

☐ No ☐ Yes (indicate number of visits in the past year)

f. Child has been hospitalized for asthma related condition in the past six months

☐ No ☐ Yes (explain)

3. Attention Deficit Disorder (ADD)

☐ No ☐ Yes

a. ADD with hyperactivity

☐ No ☐ Yes

b. Is not well controlled with medication

☐ No ☐ Yes (not well controlled)

c. Behavioral/conduct concerns

☐ No ☐ Yes (explain)

4. Autism

☐ No ☐ Yes

5. Behavioral/conduct concerns (for example, oppositional defiant disorder, anxiety disorder, school phobias)

☐ No ☐ Yes (explain)

6. Blindness/visual problems

☐ No ☐ Yes (explain)

7. Diabetes

☐ No ☐ Yes (explain)

8. Emotional problems that require care by a psychiatrist, psychologist or social worker

☐ No ☐ Yes (explain)

9. Epilepsy

☐ No ☐ Yes (explain)

10. Hearing problems

☐ No ☐ Yes (explain)

11. Heart problems

☐ No ☐ Yes (explain)

12. Kidney problems

☐ No ☐ Yes (explain)

13. Speech/language delay

☐ No ☐ Yes (explain)

14. Physical disability

☐ No ☐ Yes (explain)

15. Dietary restrictions

☐ No ☐ Yes (explain)

16. Assistance with activities of daily living

☐ No ☐ Yes (explain)

17. Other conditions

☐ No ☐ Yes (specify and explain)

Part C - Medications

Child is on medications on a regular basis

☐ No ☐ Yes (If yes, please list medications and indicate which require administration during child care hours.)

Part D - Early Intervention and Special Education

Child has an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP) or 504 plan

☐ No ☐ Yes

Part E - Exceptional Family Member Program (EFMP) Enrollment

Child is enrolled in the EFMP

☐ No ☐ Yes (specify for what condition)

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 CYS/SNAP in reliance 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.

______________________________ ______________

Signature of Parent or Personal Representative of Child Date (YYYYMMDD)

FORT MONROE
CHILD AND YOUTH SERVICES
SUPPLEMENTAL PROGRAMS AND SERVICES

FAIMLY CARE PLAN INFORMATION CONSOLIDATION SHEET
For Single/Dual Military Parent(s)

CHILD'S/CHILDREN'S NAME(S) ______________________________

____

PARENT'S NAME and RANK ______________________________

DUTY ASSIGNMENT ______________________________

____

PHONE ______________________________

DUAL MILITARY PARENT'S NAME and RANK ______________________________

DUTY ASSIGNMENT ______________________________

____

PHONE ______________________________

TEMPORARY CUSTODY AND, IF NEEDED, AUTHORITY TO TRANSPORT CHILD/CHILDREN TO PRINCIPAL DESIGNEE (GUARDIAN)

NAME ______________________________

ADDRESS ______________________________

____

PHONE ______________________________

PRINICPAL DESIGNEE (GUARDIAN)

NAME ______________________________

ADDRESS ______________________________

____

PHONE ______________________________

PARENT'S SIGNAUTRE and DATE ______________________________