



24 August 2021

Youth Program Parents and Members,


The last year and half have certainly thrown some curve balls at us. We are looking forward to moving through the rest of 2021 and into 2022 with establishing services to our patrons. We have missed each and every member and look forward to meeting new faces. As we continue to navigate uncertain and often changing times, we ask for your support and grace. I assure you that everyone in the kid business is working tirelessly to ensure our children have as many opportunities as possible all while keeping them healthy and happy. At this time we are working on a plan to reopen YP open recreation for the population that can not be served at our School Age Program

Youth Programs at this time will accept enrollments for teens 13-18 year olds. Unfortunately, due to limits on staffing and sharing facility spaces we are limited to number of participants. The program will be conducted out of the SA facility until a more permanent location can be established or renovations are complete at the Youth Center. All documents must be completed and accepted by YP staff. Once membership is accepted the youth staff will contact you with a start date. Please note there will be a monthly membership fee of \$12.00 imposed for participation that is automatically billed each month. This will continue until we receive withdrawal paperwork. We will not be able to accommodate all requesting membership and teens maybe may be placed on a wait list.

Our hours for open recreation will be from 2pm-6pm, closed federal holidays, family and training days. Operational hours may change for school early release and no school days. On no school days additional camps maybe provided for an additional fee. During 2-6pm teens who register for open rec will have opportunities to participate is various activities that appeal to the members. Facilitated Club experiences will be offered but participation size does vary depending on the club and availability of materials. Club size will generally be between 8-15 individuals. We ask that teens who take part in a club be responsible and commit to an 8 to 10 week session. This ensures that participants get the full benefits of participating. It is imperative that teens attend the established club meeting times. Much of the curriculum is

written so that skills are learned through a scaffolding approach. These clubs and activities during open recreation will come at no additional costs.

Please note that during Teen open recreation we are unable to provide transportation from school or snack services. Teen should be prepared for the weather and have a snack prior to arriving. Food and drink are not permitted in the SA Facility. In addition, to mitigate COVID19 we are asking that teens that attend afterschool remain at the facility until they leave for the day. They will not be permitted to enter/leave multiple times of the program day.

  
Danielle M. Petty, Director  
Eielson Youth Programs

## 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.

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

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

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



# Form A *(to be completed by parent/guardian)*

Eielson AFB

## Child and Youth Program Inclusion Action Plan

### **PART A. To be completed by the parents/guardians.**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one: Hourly Care - Full Time Care - Part Day Preschool - Before and After School – Youth - Sports

Sponsor's name: \_\_\_\_\_ Email \_\_\_\_\_

Spouses' name: \_\_\_\_\_ Email \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does your child have allergies, developmental delays, behavioral concerns or any other medical condition?

Check a box.  **Yes** (Proceed to Part B).  **No** (DO NOT PROCEED) \_\_\_\_\_

(Parent/Guardian signature)

### **PART B. Parents/guardians, check the appropriate box or boxes, get the appropriate paperwork and have it signed by a physician.**

CHRONIC CONDITIONS		
<p><b><u>Form D Required</u></b> <input type="checkbox"/> Respiratory (Asthma)</p> <p><b><u>Form E Required</u></b> <input type="checkbox"/> Seizure Disorder</p> <p><b><u>Form F Required</u></b> <input type="checkbox"/> Diabetes</p>	<p style="text-align: center;"><b><u>Form B Required</u></b></p> <p><input type="checkbox"/> Blindness/Vision Condition</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Kidney Condition</p> <p><input type="checkbox"/> Deafness/Hearing Condition</p> <p><input type="checkbox"/> Developmental Delay</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Atopic Disease</p>	<p style="text-align: center;"><b><u>Form B Required</u></b></p> <p><input type="checkbox"/> Speech Concern</p> <p><input type="checkbox"/> Autism Spectrum</p> <p><input type="checkbox"/> ADHD ADD</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Behavioral Concerns</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>

Provide details for checked items (month and year with current status) :

DIETARY AND FEEDING CONCERNS		
<p><b><u>Form C Required</u></b></p>		
<p><input type="checkbox"/> Food Allergies</p> <p><input type="checkbox"/> Feeding Concerns</p>	<p><input type="checkbox"/> Special Diet Statement Provided</p> <p><input type="checkbox"/> Swallowing Difficulty/Aspiration risk</p>	<p><input type="checkbox"/> Other _____</p> <p>_____</p>
<p>Provides details for checked items: _____</p> <p>_____</p> <p>_____</p>		

## **Form A** *(to be completed by parent/guardian)*

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

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Is your child/youth enrolled in the EFMP?  **Yes**  **No** Please specify

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I acknowledge the information about my child will be shared with the Inclusion Action Team, Child and Youth Program personnel, and/or medical professionals in order to receive individualized recommendation for accommodations and support.

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Parent's signature

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Date



## Acceptable Conduct of Youth Center Participants

When a youth, either a member or guest, enters the Youth Center, he/she must accept certain responsibilities. These responsibilities are based on common sense and respect for others. We have a minimum number of guidelines, which the participants must follow:

1. \_\_\_\_\_ Proper respect of staff members must be observed at all times.
2. \_\_\_\_\_ Persons damaging or defacing furniture, equipment, or property will be held financially responsible for such damage.
3. \_\_\_\_\_ Children 6 to 8 years of age must be accompanied by a parent or sibling 16 years of age or older unless they are participating in an activity that includes continuous supervision by an adult, (i.e. Kids' night out, or instructional classes). **All youth entering the Youth Center must sign in and out of the Youth Center upon each arrival and departure.**
4. \_\_\_\_\_ Youth are not permitted in the office at any time unless authorized by a Youth Center Staff.
5. \_\_\_\_\_ No obscene or abusive language is permitted at any time.
6. \_\_\_\_\_ Fireworks, weapons, gambling, drugs, alcoholic beverages, and vulgarity (by actions or words) are strictly forbidden.
7. \_\_\_\_\_ **Loitering will not be permitted** in the bathrooms or outside the Youth Center, including **designated parking areas and adjacent wood line.**
8. \_\_\_\_\_ There will be no running, horseplay, or throwing of objects in the Youth Center, except as necessary for normal activities in the gymnasium portion of the Youth Center
9. \_\_\_\_\_ **This is an open recreation program; youth will sign themselves in/out of the program at will.** Youth are not permitted to loiter in the parking lot or adjacent woods once they are signed out.

10. \_\_\_\_\_ All persons using the Youth Center must present a neat and clean appearance. Provocative, immodest, or disorderly clothing will not be worn.
11. \_\_\_\_\_ There is no smoking in the Youth Center.
12. \_\_\_\_\_ Persons suspected of having consumed alcoholic beverages or using drugs will not be admitted to the Youth Center. Consumption of alcohol or drugs in/or around the Youth Center will not be tolerated. If a person is suspected of being under the influence of alcohol or drugs, the parents and Security Force will be notified.
13. \_\_\_\_\_ Food or drink is to be consumed only in the snack bar area or outside the Youth Center.
14. \_\_\_\_\_ Public displays of affection are not acceptable under any circumstances.

Youth Center membership may be restricted or suspended by the Youth Center Director for violation of Youth Center policies or rules. The length of suspension or restriction will be based upon:

- The seriousness of the offense
- The frequency of the rule violation(s) by the youth involved
- The attitude of the youth toward the rules of the Youth Center as determined by the Youth Center Director

A parent or guardian will be notified by telephone or writing before any youth is restricted or suspended.

I have received and discussed these rules with my youth.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMORANDUM FOR: Parents of Youth Center Members

FROM: 354 FSS/FSFY

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to Service members, families, children, and staff of Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA/CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps.
2. The CYB-MFLC may support staff and work with children and families in the following ways:
  - Observe, participate, and engage in activities with children and youth
  - Provide direct intervention with children
  - Model behavioral management techniques and provide feedback to staff
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
  - Outreach to parents
  - Facilitate psycho-educational groups
  - Conduct training for staff and parents
  - Recommend referrals to military social services and other resources as needed.
3. CYB MFLCs may assist parents, teachers, staff, and children with the following issues:
  - Communication
  - Resolving conflicts
  - Managing anger
  - Bullying
  - Self-esteem/self-confidence
  - Behavioral management techniques
  - Sibling/parental relationships
  - Deployment and reintegration issues

The counselor is available to accommodate appointments and meetings/activities after hours and on the weekend with advance notice.

At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

- The counselor may use only materials for trainings, groups, and other activities that have been approved by DoD.



I acknowledge that a CYB-MFLC is available and authorize my child, \_\_\_\_\_,  
to receive CYB-MFLC support.

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PARENT OR GUARDIAN SIGNATURE

I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child, \_\_\_\_\_,  
to receive CYB-MFLC support.

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PARENT OR GUARDIAN SIGNATURE



Child's Name	Class/Monthly Amount
1.	
2.	
3.	

## Eielson Youth Programs Credit Card Authorization

**Type of card:**

\_\_\_\_\_ Visa          \_\_\_\_\_ MasterCard

**Credit Card Number:**

\_\_\_\_\_

**Expiration Date (MM/YY):**

\_\_\_/\_\_\_

**CCV** \_\_\_

**Cardholders name as it appears on the card**

\_\_\_\_\_

**Cell phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

Payments for services are automatic and will be charged the 1<sup>st</sup> business day of each month or reoccurring charges or at the time of sign up for events/trips. By signing below I authorize the Eielson Youth Programs to utilize the above account information to create and charge my card. I understand that if this card is not current and is disproved I will be charged a late fee of \$10.00. Late fees will also be charged for any card that declines.

\_\_\_\_\_

Signature of cardholder

This document contains personal data subjected to the Privacy Act of 1974, 10 USC 8012 & E) 9397. This document requires safeguarding and disclosure as authorized in AFI-37-132. Confidentiality applies.