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|---------------------------------------|
| Name: Orientation Date & Time: |
|---------------------------------------|

Registration Checklist

Please return this checklist with your completed packet prior to your youth's start date.

All items below must be submitted in order for your packet to be complete.

If you have any questions please call at DSN: 226-3220

Commercial: 011-81-176-77-3220

All families are required to attend an orientation prior to their first day/ practice.

1. ____ AF Form 88, *Air Force Youth Programs Registration*
2. ____ Parent Agreement
3. ____ Credit Card Authorization
4. ____ Emergency Contact Information
5. ____ Current Copy of Immunization Records: *Child must be up to date on all immunizations, including the flu shot.*
6. ____ Physical (Sports only- physical must be current for entire season)

**** Allergies & Special Needs ****

Does your child/youth have allergies or special needs? ____ YES ____ NO

If yes, additional paperwork will be required to be completed by your physician.

| | | | | | | |
|--------------------------------------------------------------|------------------------------|-------------------------|--------|----------------|----|----|
| For Front Desk Use Only: (Staff initials to show completion) | | | | | | |
| Fees: _____ | Payment Log Completed: _____ | Handbook Emailed: _____ | | | | |
| Daily Rate | Monthly Rate | Annual | Sports | Instructionals | YC | TC |
| Orientation w/: ____ Program Manager | | ____ Operations Clerk | | | | |

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 |
|-------------------------------------------|-------------|

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 |

- FOR OFFICIAL USE ONLY -
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which is FOR OFFICIAL USE ONLY
and must be protected in accordance
with the Privacy Act and AFI 33-332



Youth Programs Parent Agreement
FISCAL YEAR 2019

Youth's Name: _____ Age: _____ DOB: _____ Grade: _____

Sponsor's Name(s) _____ Rank: _____ ORG: _____ Duty #: _____

Spouse's Name(s) _____ Rank: _____ ORG: _____ Duty #: _____

Parent Email Address _____ Cell: _____

This agreement is hereby made and entered into from the date of signature, between the Misawa Air Base Youth Programs (YP), and the parent of the youth named above. For the purpose of this agreement, the parent is defined as the natural or adoptive parent, guardian or attorney-in-fact, or any other person having legal responsibility for the named youth at any given time. This agreement will be renewed annually.

I desire to have the youth listed above attend Misawa Youth Programs to include Lunney Youth Center (ages 9-13), Misawa Teen Center (ages 13-18), Misawa Youth Sports or Misawa Instructional Programs on a regular basis and understand and agree to the following conditions listed below.

Please read and initial the following agreement items:

_____ **1. Hours of Operation:** All programs are closed on Weekends, Federal Holidays and PACAF Family Days.

- Youth Center Office hours: Monday through Friday 11:00 a.m. to 5:30 p.m.
- Youth/ Teen Center: School Days: Open from 2:15 to 6:30 p.m. Monday, Tuesday, Thursday and Friday, Wednesdays 1:15 to 6:30 p.m. Non-School Days: 1:00 p.m. to 6:30 p.m.
- Sports/ Instructionals: Times vary based on class and practice schedules.

_____ **2. Enrollment:** All youth must have a completed AF Form 88, Air Force Youth Programs Registration, current shot record and current health physical (Sports only) at the time of registration. It is the responsibility of the sponsor to ensure all emergency contact, duty/home phone, and shot record information are current and complete. Youth who are not current on immunizations and do not have an immunization waiver on file may be denied care. Current health physicals are defined as a physical that will be current throughout the entire sport season. (Example: Soccer Season is from August to October, if a physical expires in September, a new physical is needed at time of registration.)

_____ **3. Student Absence:** For the Youth and Teen Center, it is not necessary to inform us if your child will not be attending the program for the day, however, please do let us know when your child will be out for extended absences- such as sickness, emergency leave, or if you are PCSing. For Sports & Instructional programs, please inform the coach/ instructor if you will be missing a class/ practice. Refunds will not be given for student absences.

_____ **4. Withdrawal Notification:** Parents withdrawing their youth and therefore terminating this contract will be required to submit a withdrawal notification form at least two weeks prior to the withdrawal. Failure

to provide a full two week notice may require payment of fees for the notification period. All applicable fees must be paid before cancellation of agreement becomes final.

_____ **5. Special Needs Youth:** Parents are required to inform Youth Programs of any special needs (allergies, physical limitations, behavior problems, etc.) concerning the youth, prior to enrolling in Cheli SAC. The youth's developmental and/or medical requirements must be reviewed by the Child and Youth Programs (CYP) Medical Advisor. The Program will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. The IAT include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the Flight Chief, the Training and Curriculum Specialist, and School Age Coordinator to determine if reasonable accommodations can be met.

_____ **6. Parent Involvement/ Communication:** Parents are always welcome to drop in and visit their youth for a snack, special activity or just to observe. Parents are strongly encouraged to attend the Parent Advisory Board (PAB). The PAB primary function is to enhance parent participation and education, develop an annual parent involvement plan, and work together to improve programming and support of the Youth Programs.

_____ **7. Legal Custody:** In the event of a custodial disagreement, Youth Programs Staff can only deny access to a youth from their guardian if a court order is on file. It is in the best interest of the youth to resolve all of these conflicts prior to program attendance.

_____ **8. Releasing of Youth:**

- Youth 9 years of age and under, will **NOT** be allowed to sign themselves out of the program. Youth will only be released to parents/ guardians and individuals listed on the AF Form 88 to include the child's sibling who must be 14 years of age or older. The Youth Programs staff reserve the right to ask any individual picking up a youth for picture identification. Youth 9 years of age and younger are not allowed to utilize the shuttle service, unless they are with a sibling 14 years of age or older.
- Youth 10 years of age and older can sign themselves in and out of programs as needed, however Latchkey Training is strongly recommended for 10-11 year olds.
- Youth 12 years of age and younger attending Late Night Events ending after 10:00 P.M., will be required to be signed out by a parent/ guardian and individuals listed on the AF Form 88 to include the child's sibling, who must be 14 years of age or older

_____ **9. Fees** for membership in the Youth and Teen Center are based on the sponsor's rank/grade. Instructional fees are set monthly and will include either 4 or 8 sessions per month depending on the Instructional class. For months having five weeks, no classes will be held on week five. All fees are due by 1730 on the first of every month. Sports fees are per season and are due at time of registration for the desired season.

_____ **10. Late pick-up fee** for youth 9 years of age or younger will not be assessed for the first 5 minutes and a fee of \$2 per minute per youth will be charged for all late pick-ups after the end of the session/ program/class. **Example:** A youth picked up at 1850 from the YP; the fee will be \$30.00. Security Forces may be contacted at 1900 if emergency designee cannot be reached.

_____ **11. Auto-Pay:** You have the option to enroll in Auto Pay, which is elective for all families; but a credit card must be kept on file for every family. If enrolled in Auto Pay, Chase Payment Orbital online system will automatically charge your credit card per your selected payment schedule. If your payment declines, you will be required to make your payment in person by 1730 the day payment is due. Fees not paid by 1730 on your payment schedule date will be charged an additional \$5 per day per family late fee. Please note: If your account is in arrears on the third business day of your payment schedule, your first sergeant or commander may be contacted

_____ 12. If **NOT** enrolled in Auto Pay, payments will be made to the front desk staff on your selected payment schedule. Fees not paid by 1730 on your payment schedule date will be charged to the credit card on file. If your payment declines, and you do not make your payment on the scheduled date your account will be charged an additional \$5 per day per family late fee. Please Note: If your account is in arrears on the third business day of your payment schedule, your first sergeant or commander will be contacted.

_____ 13. **Personal Belongings:** Youth Programs is not responsible for any damaged or lost items. Our lost and found is located in a locker by the bathrooms. Items will be held for a reasonable length of time, monthly unclaimed items are donated to the Misawa Thrift Store.

_____ 14. **Immunizations** are required by Air Force Policy AFI 34-144 and AFI 48-110. Each youth in care needs to have current immunizations as recommended by the American Academy of Pediatrics for children of their age, to include the annual flu shot. Please see Desk Staff for Waiver information if your youth has medical /religious reasons that prevents them from being immunized or receiving the flu shot.

_____ 15. Youth Programs will not accept into care a youth who is/are exhibiting signs of illness, to include but not limited to: diarrhea that is causing "accidents," vomiting twice, elevated temperature 101 axillary degrees or higher accompanied by behavior changes, severe pain, or if the child does not feel well enough to participate in activities, or other symptoms the duty supervisor feels may require medical attention (as defined by The American Academy of Pediatrics' Managing Infectious Diseases in Child Care and Schools, 4th edition).

_____ 16. **Allergies:** Youth with allergies and/or emergency medication must have additional paperwork filled out **PRIOR** to starting care. Please see the front desk for additional information and paperwork.

_____ I agree/ disagree to allow Youth Programs to post my youth's photo on the center's allergy list. The allergy list is posted at the front desk and in the kitchen. (Please circle and initial)

_____ 17. **Medication:** I understand and agree to adhere to the medication policy of the Youth Programs as detailed in the Parent Handbook and AFI 34-144, 6.10. I understand medication of any kind is **NOT** to be stored in my youth's bag. All medications must be turned in at the front desk with a completed AF Form 1055.

_____ I **DO** give permission for my youth (ages 9+) to administer prescription medication to themselves while following the above protocols.

_____ I **DO NOT** give permission for my youth (ages 9+) to administer prescription medication to themselves.

_____ **NOT APPLICABLE** My youth is under the age of 9.

_____ 18. All disciplinary problems will be dealt with on an individual basis. If excess inappropriate behavior or disciplinary problems occur, the sponsor may be called to pick up the child from the program, in which case the child must be picked up within one hour of notification. Refunds will not be given.

_____ 19. **Mandated Reporting:** Youth Programs personnel are mandated reporters of any suspicion of abuse or neglect. Suspected child abuse will be reported to our installation's Family Advocacy Program at 226-2123. Parents are asked to refrain from approaching Youth Programs staff concerning any reported abuse or neglect incident

_____ 20. **Harmful Substances:** IAW AFI 34-144, 6.12.1. Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children/youth participating in any CYP program or sponsored activity. This includes CYP activity areas and FCC homes.

_____ 21. **Accident/ Behavior Reports:** When a youth is injured/hurt in the program, an AF Form 1187 *Youth Flight Accident Report* will be filled out informing parents of the injury. Once the AF Form 1187 is filled out, parents will be notified by the front desk clerks, or managers in the program and ask to sign upon pick-up. If parents desire a copy of the report a FOIA request will have to be made at the FOIA office by parents. The process is the same for requesting a general FOIA request: Request via email- USAF.pentagon.saf-aa.mbx.haf-foia-workflow@mail.mil. The following information can be found on the FOIA.GOV webpage at the following link: <https://www.foia.gov/report-makerequest.html>

- If your youth is injured in the program, and you later decide to take your youth to the UCC, please inform the front desk as soon as possible, as there is additional paperwork the program is responsible for filling out.

Special Permissions (Please circle and initial)

_____ 22. I agree/ disagree to allow photos of my child/youth to be taken and displayed at Youth Programs.

_____ 23. I agree/ disagree to allow photos of my child/youth to be used on the Youth Programs Facebook Pages and in publications for the Youth Programs (i.e. Newsletter, Leisure Times, etc).

_____ 24. I agree/ disagree to allow for photos and videos of my child/youth to be used for Public Affairs to include social media sites and AFN commercial/news spots.

_____ 25. (Youth Center members only) I agree/ disagree to allow my youth to watch PG rated movies with advance notice: for example- Lilo & Stitch 2; Wall-E; Frozen; Zootopia; etc.

_____ 26. (Teen Center members only) I agree/ disagree to allow my youth to play M video games with advance notice: for example- Call of Duty; Halo; Battlefield; etc (These video games may contain intense violence, blood, gore, and/or strong language).

_____ 27. I agree/ disagree that my youth will not utilize the computers/ internet without first going through the NetSmartz, technology, and gaming course provided by the Youth Programs.

_____ 28. Misawa Youth Programs offers a shuttle from the Lunney Youth Center and Misawa Teen Center to the North Base Shopette. This is a benefit for members only, and is offered consistently, but is not guaranteed. For example, special events, field trips, etc, may affect the availability of the shuttle. Whenever possible, advance notice of shuttle cancellations will be given verbally to youth and teens.

_____ I **DO** give authorization for my youth to utilize this shuttle.

_____ I **DO NOT** give authorization for my youth to utilize this shuttle.

_____ **NOT Applicable** my youth is 9 years of age or younger

I have read and fully understood the terms outlined in this agreement and Misawa Youth Programs Guidelines. I agree to abide by all conditions and restrictions, and understand that any exceptions will be made on a case by case basis. If I do not meet the financial obligations as defined above, I authorize the Misawa Youth Programs to process a Military Pay Order (MPO) against me for the fees owed. I

further acknowledge that failure to comply with the terms of this agreement may result in termination of my youth's care.

Sponsor's Signature

Date

Accepted by (Center Staff)

Date

I have received a Program Orientation outlining the policies and procedures of Misawa Youth Programs in Child and Youth Services on Misawa Air Base, Misawa, Japan. My orientation included an orientation with the Operations Clerk and the program manager.

Sponsor's Signature

Date

Administrative Staff

Date

Management Staff

Date



Child and Youth Programs Flight Payment Agreement and Credit Card Autopay Authorization

Child(ren) Last Name, First: _____

Name of Sponsor: _____

Cell Phone: _____ Duty Phone: _____

Email Address: _____

Program Site: CDC SAC Youth Programs

Program Services: (select all that apply)

- Full Day CDC Part-day Preschool Before & After
- Before School After School Instructional Class/ Sport/ Hourly

Payment Schedule: 1st of Month 1st & 15th of Month Weekly (SAC/ PDE Only)

Would you like to enroll in Auto Pay?

Yes. By selecting yes, I understand that Chase Paymentech Orbital online system will automatically charge my card per my payment schedule. **If my payment declines, and fees not paid by 1730 on my payment schedule I will be charged an additional \$5 per day per family late fee.**

No. By selecting no, I understand that I will have to make a payment to the front desk on my payment schedule. **Fees not paid by 1730 on my payment schedule will be charged to the credit card on file. If the payment declines, I will be charged a \$5 per day per family late fee.** By selecting no, I understand that I still have to provide a credit card to be kept on file.

By signing below, I authorize the Child Development Center, School Age Care or Youth Programs to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397.
Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

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Type of Card: Club Card Master Card Visa Mastercard

Cardholder Name (as it appears on the card): _____

3 Digit CVV Code: _____ Expiration Date (MM/YY): _____ Billing Address Zip Code _____

MEMORANDUM:

FROM:

[Insert name of installation, school, camp, facility]

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and 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 military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
 - Observe, participate and engage in activities with children and youth.
 - Provide direct interaction with military children.
 - Model behavioral techniques and provide feedback.
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
 - Be available for military parents to contact for guidance and support.
 - Facilitate psycho-educational groups.
 - Conduct training for staff and parents.
 - Recommend referrals to military family programs and other resources as needed.
3. The counselor may assist military parents, military children and centers with the following type of issues:
 - Communication
 - Self-esteem/self-confidence
 - Resolving conflicts
 - Behavioral management techniques
 - Bullying
 - Helping children deal with angry feelings
 - Sibling/parental relationships
 - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. 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.
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.
8. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the greatest level of participation.**

Print Name of Child: _____

Select only one check box below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.

I do not authorize my child to participate in CYB-MFLC services.

PARENT OR GUARDIAN SIGNATURE

DATE

Parent/guardian Information and Consent Form regarding Health and Life Skills

According to the Youth Programs Air Force Instruction guidance, youth shall be offered daily opportunities to engage in positive behaviors that nurture their own well-being, set personal goals, and develop the competencies to live successfully as self-sufficient adults.

The Lunney Youth/ Misawa Teen Center offers a variety of programs and activities to help youth with money management, healthy lifestyle, hygiene, communication, personal goal setting, independent living, and nutrition. Youth are encouraged to engage in programs to increase their nutritional awareness and support positive behavioral change including, but not limited to SMART Moves, SMART Girls, Passport to Manhood or similar programs that develop their skills to resist alcohol, tobacco, and other drug use as well as other risk-taking behaviors.

The Lunney Youth/ Misawa Teen Center often partners with other community agencies on healthy lifestyle educational sessions or special events such as health fairs to provide youth and their families with resources to make healthy choices. Programs, activities, conversations, and display materials are designed to be outcome-driven to address age-specific milestones in the area of healthy lifestyles.

Please review the below list of topics which may be covered in health and life skills activities:

- Physical and emotional growth in adolescence
- Puberty (Girls and boys will separate during this lesson)
- Media influences and body image
- Eating disorders
- Personal values and social interactions
- The importance of preventative healthcare (i.e. Check-ups)
- Sexual orientations (Girls and boys will separate during this lesson)
- Healthy relationships between friends and family
- Respecting authority
- Anger/stress management
- Understanding, acknowledging, and reporting abuse (Girls and boys will separate during this lesson)

Some lessons may also include watching movies rated G, PG, or PG-13 which are related to the topics mentioned above, such as “Big”, “13 Going on 30”, “Inside Out”, for example.

_____ I DO give permission for my youth to participate in activities related to the above topics; with the exception of (please circle the above topics you **DO NOT** give permission for your youth to participate in.)

OR

_____ I DO NOT give permission for my youth to participate in ANY activities related to the above topics.

Parent/guardian Signature & Date