



Child and Youth Programs

## Navy Child and Youth Programs Registration Form

Start Date (MM/DD/YYYY):

Requiring Directive OPNAVINST 1700.9

Child's Name (Last, First, Middle):		Sex:	Birthdate (MM/DD/YYYY):		Age:
Name of Child's School (if applicable):			Child's School Grade Level (if applicable):		
Registering for:		Type of Care:			
<input type="checkbox"/> CDC <input type="checkbox"/> SAC		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Before School	
<input type="checkbox"/> CDH <input type="checkbox"/> YP		<input type="checkbox"/> Part-Time		<input type="checkbox"/> After School	
<input type="checkbox"/> 24/7 Center <input type="checkbox"/> YSF		<input type="checkbox"/> Part-Day Enrichment		<input type="checkbox"/> Before & After	
		<input type="checkbox"/> Hourly Care		<input type="checkbox"/> School Camp	
Sponsor's Name (Last, First, Middle):		Rank/Rate:	Branch:	Status:	<input type="checkbox"/> ACT <input type="checkbox"/> CIV
					<input type="checkbox"/> RET <input type="checkbox"/> CTR
					<input type="checkbox"/> RES <input type="checkbox"/> COM CIV
Home Address (include City and Zip Code): <input type="checkbox"/> Lives on base <input type="checkbox"/> Lives off base					
Home Phone (include area code):		Cell Phone (include area code):		Email Address:	
Duty Station/Place of Employment (include address, city, and zip code):				Work Phone:	PCS Date (if known) (MM/DD/YYYY):
Family Type:		<input type="checkbox"/> PT Working Spouse/Partner		If Spouse/Partner is Military:	
<input type="checkbox"/> Dual Military		<input type="checkbox"/> Student Spouse/Partner		Branch:	
<input type="checkbox"/> FT Working Spouse/Partner		<input type="checkbox"/> Unemployed Spouse/Partner		Rank/Rate:	
Spouse's/Partner's Name (Last, First, Middle):				Spouse's/Partner's Place of Employment or School:	
Spouse's/Partner's Work Phone:		Spouse's/Partner's Cell Phone:		Spouse's/Partner's Email Address:	
Child has sibling enrolled in another CY program: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes," child's name and program (if more than one child is enrolled, list all children and their programs):					

## Emergency Notification Contacts (may also pick up the child in non-emergency situations)

(At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible.)

Name	Relationship to Child	Cell Phone	Home Phone	Work Phone

## Non-Emergency Authorized Release/Pick Up Contacts

(Will not be contacted for emergencies, but is authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible.)

Name	Relationship to Child	Cell Phone	Home Phone	Work Phone

## Consent for Ambulance for Emergency Care

I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, \_\_\_\_\_, in case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

Name of Child's Medical Insurance Co.: \_\_\_\_\_ Policy/Grp. # (not needed for Active Duty): \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_ Name of Child's Physician: \_\_\_\_\_

SIGN HERE

Sponsor's Consent for Ambulance for Emergency Care and Date: \_\_\_\_\_

SIGN HERE

## Sponsor's Signature and Date

(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)

## CYP Representative Signature and Date

(Signature indicates the CYP Professional has reviewed the registration form and verified the family's eligibility and priority type)

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989;" Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."  
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

NAVY CHILD AND YOUTH PROGRAM  
PERMISSION STATEMENTS 1700/43

Child and Youth Programs

Start Date (MM/DD/YYYY):		Requiring Directive OPNAVINST 1700.9	
Child's Name (Last, First, Middle):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/YYYY):	Age:
Sponsor's Name (Last, First, Middle):			

## SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

**Field Trip/Transportation Acknowledgement:** I acknowledge that field trips are an important part of the CYP because they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE

Sponsor's Initials and Date of Acknowledgement: \_\_\_\_\_

**Topical Non-Prescription Product Application Permission:** I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

INITIAL HERE

Sponsor's Permission and Date: \_\_\_\_\_ Sponsor Denied Permission and Date: \_\_\_\_\_

**Media Release:** I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, Teaching Strategies Gold, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in the center, but may not be posted or published anywhere outside of the center." Or, "My child may have his/her picture taken, but I do not want him/her to be videotaped.").

**Exceptions** (list any exceptions to the media release; if none, enter "None"): \_\_\_\_\_

INITIAL HERE

Sponsor's Release and Date: \_\_\_\_\_ Sponsor Denied Release and Date: \_\_\_\_\_

**Acknowledgement of Receipt of the Navy CYP Parent Handbook:** I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE

Sponsor's Initials and Date: \_\_\_\_\_

**Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases:** I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation.

INITIAL HERE

Sponsor's Acknowledgement of Permission/Release Revocation or Invocation and Date: \_\_\_\_\_

**Hold Harmless Release:** I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner caused or contributed to by the United States, its officers, its agents, or its instrumentalities except in cases of gross negligence.

INITIAL HERE

Sponsor's Hold Harmless Release and Date: \_\_\_\_\_

**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."  
**PURPOSE:** To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.  
**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.  
**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

# NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):	Sex:	Birthdate (MM/DD/YYYY):	Age:
Sponsor's Name (Last, First, Middle):			

## SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

### PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS

*(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)*

1. Does your child have any medical needs that require assistance while in care? ☐ Yes ☐ No

If "Yes," please check all that apply below:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Kidney Problems             |
| <input type="checkbox"/> Seizures                                       | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other Chronic Medical Needs |
| <input type="checkbox"/> Physical Disability<br>(Describe below in #2.) | <input type="checkbox"/> Epilepsy       | (Describe below in #2.)                              |

2. If you checked "Other Chronic Medical Needs" or "Physical Disability" in #1 above, please briefly describe your child's chronic medical needs or physical disability:

3. Does your child suffer from other allergies or allergic reactions (e.g., seasonal hay fever, bee stings, hives, rashes, etc.)? ☐ Yes ☐ No  
If "Yes," please list the allergies/allergic reactions:

4. Does your child have any food allergies? ☐ Yes ☐ No If "Yes," please list all food allergies and reaction to each food your child experiences:

5. Does your child require an EpiPen®? ☐ Yes ☐ No If "Yes," please describe when your child might need an EpiPen®:

6. Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? ☐ Yes ☐ No  
If "Yes," please describe:

### PART B: IDENTIFICATION OF MEDICATION NEEDS

7. Is your child currently taking medication? ☐ Yes ☐ No

If "Yes," please list the medication(s) and how often your child takes the medication:

8. Will your child need to take medication while in care at the CYP? ☐ Yes ☐ No

If "Yes," please list the medication your child will need to take while in care at the CYP:



# NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

Child and Youth Programs

9. Is your child allergic to any medication(s)? ☐ Yes ☐ No If "Yes," please list the medication(s) and describe the reaction that your child experiences:

## PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

10. Check any of the following developmental needs that your child may need assistance with while in care:

- ☐ Communication (e.g., speech/language delay) ☐ Social/emotional (e.g., anxiety disorder)  
☐ Behavior (e.g., oppositional defiant disorder) ☐ Developmental (e.g., autism spectrum disorder)  
☐ Learning and attention (e.g., attention-deficit hyperactivity disorder)

11. If you checked any boxes in #10 above, briefly describe the type of assistance your child will need while in care:

12. Briefly describe any other type of assistance your child will need while in care. If your child will not require any type of assistance while in care, write, "None."

## PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

13. Is your child receiving services through an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?  
☐ Yes ☐ No

## PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

14. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that I must immediately report any changes in my child's health or other needs to the CYP so that the CYP Professionals can keep my child safe and healthy and provide the best possible care. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

SIGN HERE

**Sponsor's Signature and Date** (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge.)

SIGN HERE

**CYP Professional's Signature and Date** (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child.)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>
_____	_____	_____	_____

**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989;" Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with information about your child's overall health and needs that may affect his/her care at the CYP.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

MWR Youth Center of Kings Bay  
ANNUAL ETHNICITY REPORT

*As a nationally recognized member organization of the Boys & Girls Club of America (BGCA), we are dedicated to offering programs that promote and enhance the development of boys and girls enrolled in the School Age Care Program at Kings Bay. These programs include health and life skills, sports, arts, cultural diversity, and others. The BGCA strives to ensure all young people, regardless of race, culture, creed, or religion have access to our life-enhancing programs and character development experiences.*

*One of the requirements to BGCA is an annual report of the ethnicity of all youth served in each Club. To help us accomplish this requirement, please complete the following:*

Child's Name: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

*Please mark an "X" next to your choice below:*

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Spanish/Hispanic/Latino
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Guamanian/Chamarro	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Race (Not Listed Above)
<input type="checkbox"/>	Mexican/Mexican American/Chicano	<input type="checkbox"/>	Declined to State

Child's Name: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

*Please mark an "X" next to your choice below:*

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Spanish/Hispanic/Latino
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Guamanian/Chamarro	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Race (Not Listed Above)
<input type="checkbox"/>	Mexican/Mexican American/Chicano	<input type="checkbox"/>	Declined to State

Child's Name: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

*Please mark an "X" next to your choice below:*

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Spanish/Hispanic/Latino
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Guamanian/Chamarro	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Race (Not Listed Above)
<input type="checkbox"/>	Mexican/Mexican American/Chicano	<input type="checkbox"/>	Declined to State

**Kings Bay Youth Center**  
**Confidentiality Policy and Procedures for Children & Parents**

All Child & Youth employees are aware that maintaining confidentiality and obtaining consent prior to sharing information about children is a legal requirement as well as ethical practice. All Child & Youth employees have received confidentiality policy training and signed an agreement.

- Information about personal matters of a child or family may only be shared with authorized Child & Youth Program Staff on a need-to-know basis.
- No assumptions shall be made regarding a child's or family's background, culture, values, or heritage. No judgment or imposition of values should occur.
- Written permission from a parent or guardian shall be obtained before photographing, audio taping, or other recording is done.
- Only administrative and management staff have complete access to children's personal files.
- Stories that children tell about their families shall be considered privileged information; such stories are not repeated or shared outside the Youth Center.
- The Child & Youth Program shall respect confidential nature of the family and child's personal records.
- Any request for the release of confidential information must be in writing and submitted to the Commanding Officer. The authorization, if any, must come from the Command and not the CYP itself. Requests will be sent for review by the Staff Judge Advocate or Navy Legal Officer. Parents will be provided a copy of the final decision and a copy will be maintained in the child's file.

*I have read, understand, and agree to the confidentiality statements above. I am aware that information about my child(ren) and family will be kept confidential and will not be shared with outside resources.*

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Child(ren): \_\_\_\_\_

Signature of Child(ren): \_\_\_\_\_

**UNACCEPTABLE BEHAVIOR POLICY**  
**NSB Kings Bay TEEN PROGRAM**

**DEFINITION:** Unacceptable behaviors include, but are not limited to, disruptive behaviors such as profane or abusive language, fighting, abuse of property, sexual misconduct, smoking, etc., showing disrespect for adults, self, and others, performing harmful aggressive acts toward other teens or adults, and being disobedient in ways which lead to potential safety risks to themselves or others.

**ACTION:** A detailed incident report will be given to parents/guardians of teens who exhibit unacceptable behaviors. This form will include a detailed account of the incident written by the witnessing staff member to the parents/guardians and a section for the parents/guardians to sign that they have been notified of the incident. This form will be filled out each time a teen exhibits behavior deemed as unacceptable.

**CONSEQUENCES:** After a teen has exhibited unacceptable behaviors 2 times, the parents/guardians will be required to meet with the Teen Program Coordinator and the Youth Director for a documented verbal consultation concerning the incidents. During the consultation, the parents/guardians will be given a letter stating that the teen and parent/guardian has received a notice that on the next incident the teen will have to be picked up immediately from the program.

On the teen's return to the program, if the teen's behavior does show sufficient improvement to allow continued use of the Center, it would be expected to continue at the acceptable level or better. If at any time in the future the teen's behavior regresses, the parents/guardians would be required to meet for another consultation as described above. However, if the teen requires immediate removal from the program, the teen will be suspended from participating in the next upcoming event.

If a teen continues to exhibit unacceptable behavior at any time while in the care of the Teen Center staff after being suspended from participation in an event, that teen may be denied access permanently from the teen program.

**PARENT VERIFICATION:** I understand the unacceptable behavior policy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**TEEN VERIFICATION:** I understand the unacceptable behavior policy.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

## TEEN PROGRAM STATEMENT OF UNDERSTANDING

I understand that all activity fees are non-refundable except in medical emergencies or cancellation of an event due to lack of participation. \_\_\_\_\_INITIALS

I understand that it is my responsibility to provide the Teen Program with a valid telephone number at which I or an authorized alternate may be reached if an emergency arises.  
\_\_\_\_\_INITIALS

I understand that it is my responsibility to ensure that my teen is appropriately dressed and medically fit to participate in all activities. \_\_\_\_\_INITIALS

I understand that if my teen becomes sick during program hours, it is my responsibility to arrive to the Teen Program for pick up (or send an authorized alternate) within one hour of notification by Teen Program Staff. \_\_\_\_\_INITIALS

In the event that my teen is injured or becomes seriously ill, and I cannot be contacted, I hereby authorize the appropriate personnel at the nearest hospital to provide the essential care to correct injury/illness. I acknowledge that costs relative to medical treatment are not the responsibility of the Teen Program or MWR Department. \_\_\_\_\_INITIALS

When on field trips, consent is given to seek emergency medical treatment as deemed necessary. I acknowledge that costs relative to medical treatment are not the responsibility of the Teen Program or MWR Department. \_\_\_\_\_INITIALS

I understand that an authorized alternate will be contacted to pick up my teen if the Teen Program Staff has reason to suspect I am under the influence of alcohol or drugs, or am acting in a manner which may endanger my teen's safety. Security may be called if Teen Program Staff deems necessary. \_\_\_\_\_INITIALS

I understand that if my teen is involved in any misconduct, I may be called to pick up my teen immediately regardless of location or time of day. I further understand that failure to do so could result in my teen not being allowed to participate in future activities. \_\_\_\_\_INITIALS

I understand that if my teen is involved in any misconduct involving law enforcement, my teen will be turned over to the proper authorities in charge of the situation, and I will be notified by the officials handling the situation and Teen Program Staff. \_\_\_\_\_INITIALS

\_\_\_\_\_  
Signature of Sponsor/Parent/Legal Guardian

\_\_\_\_\_  
Date



## TEEN PROGRAM ORIENTATION CHECKLIST

Teen Name:		Date:	
No.	Item	Teen Initial	Parent Initial
01.	<b><u>Late Pick-Up Fee:</u></b> \$1.00 per minute for any teen remaining after program hours. Payment due before or on next teen visit.		
02.	<b><u>Self-Release Policy:</u></b> Any teen with a signed Self-Release Authorization on file will be released from the teen program at the end of any scheduled teen activity. Staff must be notified <b>in advance</b> if mode of transportation changes at any time.		
03.	<b><u>Cell Phones:</u></b> Upon arrival to any teen function, cell phones are not allowed during program hours. This is to avoid any unauthorized media being used or photos taken. Phones are available for use in emergency situations. First offense, phone will be confiscated and returned at the end of the program. Second offense and thereafter, teen will be asked to leave the program immediately.		
04.	<b><u>Touch Policy:</u></b> No displays of public affection are permitted between teens during program hours. Only positive touch in the form of team spirit will be allowed. Any teen exhibiting inappropriate behavior will be asked to leave the program immediately.		
05.	<b><u>Discipline/Guidance:</u></b> Proper respect for staff members and others must be maintained at all times. Staff members will follow the Unacceptable Behavior Policy when dealing with inappropriate behavior.		
Parent Signature:		Date:	

## Computer Usage Rules/ Parent Agreement Form

- Food and drinks are not allowed in the computer area at any time.
- Downloading software, installing personal software, modification of existing software, or changing any control or desktop settings is prohibited.
- Any discs or CD's brought from home must be virus scanned and approved by a staff before use.
- Inappropriate language, swearing, abusive language, or other vulgarity is strictly forbidden.
- Using another's login ID or password (if applicable) without permission is prohibited.
- Illegal activities are strictly forbidden. It is illegal to hack or gain illegal entry into other computers.
- Ordering of products online without authorization from the youth program staff is strictly prohibited.
- Personal information about yourself, family, friends, and acquaintances will not be revealed at any time.

The use of email and Internet is a privilege, not a right. I, \_\_\_\_\_, realize that any inappropriate use of the computer system or its' resources may result in revocation of those privileges.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the parent/legal guardian of the minor listed above, give my permission for him/her to utilize the Navy Youth Programs computer system at Kings Bay, GA. I understand that usage may include access to computer services such as electronic mail and the Internet and that my child/ren will only be allowed access during operational hours under the supervision of our youth staff. I further understand that any misuse of the system or disregard of the rules outlined in the rules listed above and in the "Family Contract" may lead to my child/ren's privileges being revoked. I also recognize that while the Center is making every effort to monitor usage, it is impossible for them to restrict access to all controversial materials, and I agree not to hold the Navy Youth Program responsible for materials accessed on the network.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Family Contract for Online Safety Teen Programs

01. **I will keep my identity private:** I understand that when I am online, anyone can read whatever I post and that people I meet online may not be whom they seem. Knowing this, I will not give out my name, mailing address, telephone number, the name or location for the Youth Program site or any other information that could help someone determine my actual identity. Furthermore, I will not give out any information about my family, friends, or anyone else that I know which could possibly get them into trouble.
02. **I will never meet "in-person" with someone I have met online:** I understand that "chat" rooms are probably one of the most dangerous areas on the Internet and that often times people pretend to be someone that they are not. I will let my parents or a youth program staff representative know if anyone met in a chat room suggests "meeting" in-person.
03. **I will never respond to e-mail, chat comments, or newsgroup messages that are hostile, belligerent, inappropriate, or that makes me feel uncomfortable:** If I receive such a message, I will not respond. Instead, I will show it to the youth program staff right away and let them deal with it.
04. **I understand and will abide by the "Computer Usage Rules".** I further understand that any violation of the rules may also be a violation of local, state, and federal laws and that I can be prosecuted for violating these laws. Should I commit any violation of the "Computer Usage Rules" I understand that my access privileges may be revoked, center disciplinary action may be taken, and/or appropriate legal action may be taken.

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Print Teen Name

Teen Signature

Date

## MWR TEEN CENTER RULES

These rules and regulations are considered to be within the best interest of the program. Those who violate the rules will be subject to suspension from participation in the program for a length of time to be determined by the Youth Center Program Manager or their designated representative. Excessive violation could result in dismissal from the program.

01. Proper respect for staff members and others must be maintained at all times.
02. Telephone usage will be limited to calling parents or guardians, and is restricted to three minutes.
03. Profane or abusive language will not be tolerated.
04. Rowdiness, fighting, disruptive behavior, abuse of property, and sexual misconduct will not be tolerated.
05. Teens and parents will be held financially responsible for property or equipment that is damaged through neglect or misuse.
06. Smoking is not permitted inside or on the premises of any youth program.
07. Weapons of any kind are not allowed. Any individual caught with an item that could be used as a weapon will be turned over to base security, and parent will be called. This is cause for immediate dismissal from the program.
08. Teens are responsible for personal items brought into the program. The Teen Center will not be held responsible for any lost or stolen items. Teens and parents are responsible for replacing personal items of others damaged or destroyed through neglect or misuse.
09. All participants are responsible for the cleanliness of the facility and its surroundings.
10. Personal cell phones are not allowed during program hours. This distracts from the participation of activities planned. Any teen caught using a cell phone during program hours will be asked to turn it in until they are leaving the planned event.
11. Parents will be notified immediately if any of these rules or regulations are broken. Depending on the situation, parents may be asked to remove teen for the remainder of the day, teen may be suspended for a period of time, or teen may be dismissed from the program indefinitely.

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Teen Signature & Date

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Parent Signature & Date



## MWR TEEN CENTER DRESS CODE

### Appropriate Attire

- Clothing should have finished edges. Not cut-offs.
- Closed-toe shoes are recommended on a daily basis for some planned activities.
- Field trip shirts must be worn on scheduled field trip days.
- Clothing may not denote any logos, symbols, or any propaganda relating to alcohol, tobacco products, drugs, racism, or sexual innuendos.
- Shorts should provide good coverage during all activities.
- Shirts may be short-sleeved or cap-sleeved. No spaghetti straps, mid-riffs, tube tops, see-through clothing, etc. that may expose too much skin.
- Pants should be properly secured to the waist at all times. Belts required.
- Swimsuits should fit appropriately. No see-through.
- Personal hygiene items are recommended on a daily basis.

### Inappropriate Attire

- Teens that arrive wearing inappropriate clothing will be sent home immediately to change.
- Repeated occurrences of inappropriate attire may result in suspension from the program.

*\*Your signature on this dress code serves as your compliance in following the boundaries set for what is appropriate clothing when attending teen programs. Refusal to sign this dress code will not excuse you from following the limits set for appropriate attire.*

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Teen Signature & Date

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Parent/Legal Guardian Signature & Date

# NAVY CYP

## Child and Youth Programs

### CNRSE SAC/Youth Program Self Release Authorization

**Circle one option:**

My child(ren) **does not** have my permission to leave the School Age Care/Youth program unaccompanied by his/her parent or designated adult.

My child(ren) **has** my permission to leave the School Age Care/Youth Program on the day and time specified below. After my child(ren) is released from the program, I fully understand that the CYP Staff will no longer be responsible for my child(ren)'s care.

My child(ren) is able to get to the alternate location on his/her own and meets the command's "Self Care" policy requirements. I also understand that my child(ren) will be required to sign out before leaving the SAC/Youth facility and have instructed my child(ren) accordingly.

**My Instructions for Self Release are as follows (if applicable):**

Name of Child: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number \_\_ (\_\_\_\_) \_\_\_\_\_

Day(s) To Leave: \_\_\_\_\_ Time to Leave: at end of scheduled activity/event

Beginning Date: \_\_\_\_\_ Ending Date: Disenrollment

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CYP Representative

\_\_\_\_\_  
Date

Enclosure (1)