



USAG Humphrey's Cpt. Jennifer Moreno School Age Center
Parent Orientation

Child's Name and Grade: _____

Parent's Name and email address: _____

1. _____ Welcome
2. _____ Program Philosophy
3. _____ Accountability Board, Name Tags and Lockers
4. _____ Registration
 - a. _____ CYMS Key Fob (Regular Programs)
 - b. _____ Health Assessment (due within 30 days of registration date)
 - c. _____ Family Care Plan (single/dual military only – due within 30 days of enrollment in program)
 - d. _____ Immunizations (must be current on enrollment date)
 - e. _____ Emergency designees/child release designees – **parents cannot be listed**. Children will not be release to siblings under the age of 13. Siblings must present an ID card for pick up.
5. _____ Parent Handbook – Provided at Parent Central at time of registration.
6. _____ Fees
 - a. _____ Full day program fees are due on the 1st and the 15th, fees not paid on the 5th working day are subject to a \$10 late fee.
 - b. _____ Hourly fees are due at the time of pick up
8. _____ Shoes
 - a. _____ All children should be in closed toed shoes while in the program
 - b. _____ Shoes with wheels/heels are prohibited as they present a danger to children in the program.
9. _____ Special Needs/ Allergies/ Medical Concerns
10. _____ Accident/ Behavior Reports and Policies
11. _____ Meals and Snacks
 - a. _____ Meals and snacks are provided following USDA guidelines
 - b. _____ No other food will be brought into CYS Programs without medical documentation
12. _____ Illness while in program and medication
13. _____ Parent Advisory Council Meetings – 4th Wednesday of each month from 1200 – 1300
14. _____ Transportation
 - a. _____ It is NOT the responsibility of CYS to provide transportation for after school enrichment activities (i.e. Summer Enrichment, Girl/Boy Scouts, SKIES, etc.)
16. _____ Rights of Parents and Children
17. _____ CYS School Age Center staff badges
18. _____ Yellow Dust

I will inform CYS immediately if my spouse becomes employed or if there is a change in income. Deliberate misrepresentation of income information may subject me to prosecution under applicable State and Federal Laws. See 18 U.S.C Section 1001.

Parent Signature/Date

Director/Designee Signature/Date

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.



**USAG Humphrey's Cpt. Jennifer Moreno School Age Center
Parent Notification of Parent's Rights and Children's Rights**

As a Parent/Guardian or Authorized Representative, you have the right to:

1. Enter and inspect the CYS Programs without advance notice whenever children are in care.
2. Review, at the CYS programs/facilities reports of installation and headquarters inspection visits and substantiated complaints against CYS made during the last three years.
3. Complain to appropriate chain of command channels and inspect CYS without discrimination or retaliation against you or your child (ren).
4. Each child/youth receiving services from CYS shall have rights which include, but are not limited to, the following:
 - a. To be accorded dignity in his/her personal relationship with staff and other persons.
 - b. To be accorded safe, healthy and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - c. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of punitive nature.
5. If you have any concerns, please try to address them using the chain of command. The Director of the School Age Center is located in building 5230 on USAG Humphreys and can be reached at 756-3001. The CYS Coordinator can be reached at 753-8065. The Department of Defense Hotline number is posted in all CYS facilities. The ICE system can also be used to report concerns and compliment at <https://ice.disa.mil>

NOTE: Appropriate authority provides that the Facility Management and/or Administrator may deny access to CYS to Parent/Authorized Representatives if the behavior of the Parent/Authorized Representative poses a risk to children in care.

(Detach here- Give Upper Portion to Parents)

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENT'S AND CHILDREN'S RIGHTS
(Parent/Authorized Representative Signature Required)**

I, the parent or authorized representative of _____ have received a copy of the "SAC Notification of Parent's and Children's Rights."

USAG Humphrey's Cpt. Jennifer Moreno School Age Center

Signature (Parent/Authorized Representative)

Date

CHILD DEVELOPMENT SERVICE (CDS) SPONSOR/PROGRAM AGREEMENT

For use of this form, see AR 608-10; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel and patrons to: (1) identify and clarify responsibilities of all parties involved in agreement, (2) specify commitment regarding acceptance and provision of CDS services.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

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

NAME OF SPONSOR (Last, first, MI)

PROGRAM

VALID FROM (Month, day, year to month, day, year)

SERVICE (Check appropriate box)

☐ FULL DAY ☐ PART DAY PRESCHOOL ☐ PART DAY SCHOOL AGE ☐ FCC HOME ☐ HOURLY

AGE GROUP CATEGORY (Check appropriate box)

☐ INFANT ☐ TODDLER ☐ PRESCHOOL AGE ☐ SCHOOL AGE

I agree to enroll my child/children

in the SAC

CDS Facility/Family Child Care Home located at

USAG Humphreys

PROGRAM SERVICES

PROGRAM OPERATING HOURS ARE AS FOLLOWS (List hours) (CDS personnel)

MON 0530 TO 1800 TUES 0530 TO 1800 WED 0530 TO 1800
THURS 0530 TO 1800 FRI 0530 TO 1800 SAT TO
SUN TO

*SERVICES FOR MY CHILD/CHILDREN WILL BE AS FOLLOWS (List hours) (Sponsor)

MON 0530 TO 1800 TUES 0530 TO 1800 WED 0530 TO 1800
THURS 0530 TO 1800 FRI 0530 TO 1800 SAT TO
SUN TO

SERVICES WILL NOT BE AVAILABLE ON (List time/date) (CDS personnel)

Federal Holidays, Korean Holidays and some training days I WILL BE NOTIFIED IN ADVANCE, WHENEVER POSSIBLE,
OF ADDITIONAL PERIODS OF NON-SERVICE AS DETERMINED BY CDS PERSONNEL.
(CHILD MAY BE DENIED CARE WHEN ILLNESS PRECLUDES PARTICIPATION IN ROUTINE PROGRAM ACTIVITIES)

PRIOR NOTICE REQUIREMENT (List amount of time required to terminate services) (CDS Personnel)

Withdrawal-Requires two week written notice.

UNIQUE CONSIDERATIONS (Sponsor)

I REQUEST THE FOLLOWING SPECIAL NEEDS OF MY CHILD/CHILDREN AS ACCOMMODATED

MY CHILD/CHILDREN REQUIRES THE FOLLOWING SPECIAL ITEMS WHICH I WILL SUPPLY

*NON APPLICABLE FOR HOURLY SERVICES

Date: _____

[illegible]

CHILD DEVELOPMENT SERVICES(CDS) SPONSOR CONSENT

For use of this form, see AR 608-10; the proponent agency is ACSIM.

I, _____ parent/guardian of
_____ consent*
to the following in reference to the care of my child/children.

	CHECK	
	YES	NO
USE OF PHOTOGRAPHS FOR RELEASE TO MEDIA	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION IN ON-AND-OFF POST EXCURSIONS ACCOMPANIED BY CDS PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT PARTICIPATION IN ATHLETIC EVENTS, CLASSES, YOUTH ORGANIZATIONS AND CLUBS, WALKING TO AND FROM SCHOOL, VISITING FRIENDS, OR OTHER ACTIVITIES LISTED BELOW.

ACTIVITY	LOCATION	ARRIVE	DEPART	DAYS	DATES

	CHECK	
	YES	NO
TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION IN A PRIVATE VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>
OTHER-	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

**Sponsor consent for access to emergency medical or dental treatment is contained in DA Form 4719-R. Sponsor consent for administration of medication is contained on DA Form 5225-R*

SIGNATURE OF SPONSOR

DATE



Yellow Dust Level Activity Restriction

Yellow sand concentration levels are at their highest during the spring season. When dust levels are high it may cause irritation to the ears, eyes, nose, and mouth. It also affects those with allergies or other serious health issues.

Yellow Dust Concentration	Level of Concentration
100 or below	Good for outdoor activities
101-120	Reduced time allowed for outdoor activities
121 or higher	No outdoor activities permitted

Front Desk clerks will check yellow dust concentration levels twice a day. If dust levels are 101 or higher, the clerk will check every hour. Yellow dust levels will be called across the radio when checked so that all the staff can plan accordingly for activities.



USAG Humphrey's Cpt. Jennifer Moreno School Age Center Hourly Care Reservations

1. _____ Hourly Care SOP received and parent understands information presented.
2. _____ Parent's must provide the child's CYS Registration packet each time hourly care is provided or care will be denied. The packet may be brought the morning care is given OR the child may present it to staff upon arrival.
3. _____ If CYS Registration packet is not provided the day of care, staff will not pick up child from school.
4. _____ It is the responsibility of the parent to inform the child's school that the child will be attending SAC for hourly care for each occasion.
5. _____ Payment for hourly care is due no later than at the time of pick up from hourly care.
6. _____ Hourly reservations will not be made if there is an hourly care balance on the household with the SAC program.

By signing below, I acknowledge I have read and understand the information associated with the SAC Hourly Care Program.

Parent's Signature/Date

Director or Designee Signature/Date