



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:	CDC CDH 24/7 Center	SAC YP YSF	Type of Care:	Full-Time Part-Time Part-Day Enrichment	Before School After School Before & After Hourly Care	Hourly Care School Camp		
Sponsor's Name (Last, First, Middle):		Rank/Rate:	Branch:	Status:	ACT CRT	CIV RES	RET COM CIV	CYP
Home Address (include City and Zip Code):		Lives on base	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:	Single Parent Dual Military FT Working Spouse/Partner	PT Working Spouse/Partner Student Spouse/Partner Unemployed Spouse/Partner		If Spouse/Partner is Military: Branch: 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(s) enrolled in another Child and Youth Program: Yes No (If yes, list child(ren)'s name and program)								

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	Home Phone	Work Phone	Cell Phone

Non-Emergency Authorized Release/Pick-Up Contacts (will not be contacted for emergencies)

(Authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell 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 the 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 Company		Policy/Group Number (not needed for Active Duty)	
Name of Policy Holder		Name of Child's Physician	
Sponsor's Consent for Ambulance for Emergency Care SIGN HERE			Date

Sponsor's Signature and Date <i>(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)</i> SIGN HERE		Date
CYP Representative's Signature and Date <i>(Signature indicates the CYP Representative has reviewed the registration form and verified the family's eligibility and priority type)</i> SIGN HERE		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 Programs Registration Form

Instructions for Completing the Navy Child and Youth Programs Registration Form

1. A separate Registration Form shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. For the "Registering for" block, check the program(s) for which you are registering (CDC – Child Development Center, SAC – School Age Care, CDH – Child Development Home, YP – Youth Programs, YSF – Youth Sports and Fitness, 24/7 Center)
4. For the "Status" block, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (Key: ACT – Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian, CYP – CYP Employee).
5. Medical insurance policy numbers are not required for parents who are active duty.
6. After completing the form, sign and date all required signature blocks. This verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.
7. **If information becomes outdated during the year (before the next year's annual registration), the parent may cross out the incorrect or outdated information and write in ink the new updated information. Initial and date any updated information on the form.**
8. **Annually, a new form shall be completed, signed, and dated.**
9. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature boxes as witness to the parent's signature and date.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

Requiring Directive OPNAVINST 1700.9E

Child's Name (Last, First, Middle):	Start Date (MM/DD/YYYY):
Sponsor's Name (Last, First, Middle):	

SPONSOR RELEASES, PERMISSIONS, AND ACKNOWLEDGEMENTS

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. **In order to participate in Navy CYP, the sponsor is required to sign the Hold Harmless Release.**

SIGN HERE Sponsor's **Signature/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"): _____

SIGN HERE Permission **Signature/Date:** _____

Denied Permission Signature/Date: _____

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.

SIGN HERE Permission **Signature/Date:** _____

Denied Permission Signature/Date: _____

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 **Initials/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 **Initials/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. **If I choose to revoke the Hold Harmless Release, I understand my child will no longer be permitted to participate in Navy CYP.**

INITIAL HERE **Acknowledgement Signature/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):
Sponsor's Name (Last, First, Middle):

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. Is there any information we need to know to support your child's medical needs? Yes No
If "Yes," please briefly describe.

2. Does your child have any allergies or allergic reactions? Yes No
If "Yes," please list the allergen(s) and corresponding reactions.

3. 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

4. Does your child require emergency response medication? Yes No
If "Yes," please describe your child's emergency response medication needs.

5. Will your child need to take medication for any ongoing medical conditions (non-emergency) while in care at the CYP? (does not include medication for temporary needs, such as antibiotics) Yes No

PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

6. Does your child require any accommodations to participate in CYP (e.g., alternative communication, physical, sensory, or material adaptations)? Yes No
If yes, please describe.



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52 (PILOT)

PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

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

PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

8. Is your child enrolled in the EFMP? Yes No

I acknowledge that all the above information is true and accurate. I understand that if there are changes in my child's health or developmental needs that will require additional assistance in the CYP, I must notify the CYP. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).



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

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.

Sponsor's Initials and Date: *Sponsor's Initials and Date:* *Sponsor's Initials and Date:* *Sponsor's Initials 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 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.



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52 (PILOT)

Additional Information

The Health Information Form – CNICCYP 1700/52 is used as a screening tool by the CYP to determine whether your child requires additional documentation and resources to support their participation in CYP. If you answer yes to any question(s) on this form, the CYP Director will contact you to obtain additional information to support your child. Depending on your child's needs, the CYP Director may also refer your child to the Inclusion Action Team (IAT). The Inclusion Action Team (IAT) is a team of professionals that collaborates to support the full inclusion of children with diagnosed or undiagnosed disabilities, differing abilities, or special needs. These experts in the fields of medicine, therapy, family services, special education, and general education help CYPs locate resources for families and identify reasonable accommodations that can be implemented to support a child's success in that CYP. If the CYP Director feels your child may benefit from a referral for IAT support, you are always consulted first and encouraged to participate in the discussion. You are the expert on your child, and as such, you are the most valuable member of the IAT.

Additional documentation required varies depending on each child's needs, but may include the following items:

Emergency Action Plan (EAP): The EAP tells CYP staff how to respond to your child or youth's needs in case of a medical emergency (e.g., a youth with a severe peanut allergy accidentally eats peanut butter). EAPs must be developed, completed and signed by their health care providers. EAPs may be provided by the child or youth's health care provider or the CYP can provide an EAP template for the health care provider to use.

Medication Administration Form: This form is required for all children who need administration of prescription medication at the CYP and must have the following signatures: (1) health care provider signature on written instructions, including the type of medication, dosage, frequency, and duration of the administration period (e.g., 3 weeks, 1 year, indefinite), and (2) parent signature, giving consent for authorized employees to administer medication while the child is at the CYP. If the form is for emergency response medication, an EAP is also required.

Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP): Children or youth who have received (or are receiving) early intervention or special education services from a school district will have an IEP and/or IFSP. Families are strongly encouraged, but not required, to provide a copy of the IEP or IFSP to the CYP, as this can help the program develop accommodations to meet the child or youth's needs.

Definitions:

Food Allergy: When a child has a food allergy, his/her body responds to food as if it were a threat. The body's immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict **avoidance** of the allergen.

Food Intolerance: When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.



INTERNET AND SCREEN-BASED MEDIA AGREEMENT FORM—CNICCYP 1700/55

OPNAVINST 1700.9 (series)

Internet and screen-based media devices (e.g., computer/laptop, smart phone, tablet) are widely used by youth for communication, networking, information retrieval, and general recreation. Navy Child and Youth Programs (CYPs) provide all registered youth with access to the Internet and state-of-the art, screen-based media devices at no additional cost. Inappropriate content is routinely blocked using access control software and content filters. However, due to the Internet’s ever-changing technology, youths may inadvertently access inappropriate material. To reduce the risk of harm to your youth, CYP Professionals are required to monitor youth as they use Internet and screen-based media devices while at the CYP at all times. This includes Government-owned and all personal devices.

Youth who violate the *Internet and Screen-Based Media Agreement* below may lose their Internet access privileges. All incidents will be handled on a case-by-case basis and will be communicated with the parent/guardian prior to restoring privileges. Parents/guardians of registered youth must review and discuss the agreement requirements with their youth annually. Your signature below indicates agreement with these requirements.

Signature of Parent/Guardian

Date

Internet and Screen-Based Media Agreement

I have discussed the *Internet and Screen-Based Media Agreement* with my youth and he/she agrees to the following:

- I will only give out personal information to people I know.
- I will only connect online with people I know.
- I will use appropriate language (verbal and virtual) when using the Internet and screen-based media devices.
- I will immediately report any cyber-bullying (whether directed at me or my friend) to a staff member or my parent.
- I will share CYP computers and mobile devices with others.
- I will only use/visit websites that are appropriate.
- I will protect myself from illegal activity, strangers, and online threats.
- I will follow all CYP rules for using the Internet and screen-based media devices.

Name of Youth (please print): _____

Signature of Parent/Guardian

Date



Teen Center Expectations and Program Mission Parent and Participant Agreement

NAFA Teen Center Program Philosophy:

The NAF Atsugi CYP Teen Center is committed to the development and implementation of programming that promotes a positive environment for youth. Our programs are designed to meet the holistic needs of the individual to include their social, physical, and intellectual needs. We empower youth to treat all people, especially their peers and younger children, with the utmost respect. We strive to create an environment where each youth has an opportunity to explore their individuality and unique contributions. We want to instill in each youth and teen a feeling of competence, autonomy, community membership, and positive self-esteem. The Teen Center is an inclusive space where all youth are welcome.

Our Mission:

The NAF Atsugi CYP Teen Center's mission is to provide a safe and inclusive environment for all youth and teens. While at the Teen Center, youth and teens have the opportunity to develop their socialization and life skills while interacting with youth development professionals in a fun and collaborative setting. Our daily programming includes creative projects, clubs, and activities that explore youth's individual interests, career education, physical and healthy lifestyles, character building, arts, and technology.

Expectations for our Members:

- **CYP Teen Center has a zero-tolerance policy regarding: drugs, alcohol, illegal activities, violence (threats or purposeful injury to others) and bullying (teasing used to: gain power, intimidate, harass, belittle, etc.).**
- Display proper respect for yourself, other members, visitors, and staff at all times.
 - This includes ensuring that youth participate in sportsman like behavior and utilize language in a positive manner. For example, when losing in a game of Smash Brothers, please refrain from cursing and yelling insults at your competitors.
- The No-Touch Policy is in effect at all times.
 - Hands, legs, and all other body parts are kept to themselves at ALL times.
 - No rough house or horseplay allowed.
 - No acts of public display of affection (PDA) allowed.
- Safety of all stakeholders is top priority. All members are expected to move and act accordingly in a safe manner that protects themselves and others around them.
 - This includes transition from one room to another, and not throwing objects.
- Program participants are to treat the facility with the utmost care.
- No photos or videos may be taken in the center (except by staff; with consent from parents).
- Food and drink are to be consumed in the snack area and during posted designated times.
 - No outside food or drinks permitted in the facility.

Teen Center Expectations and Program Mission

Parent and Participant Agreement

- Personal electronic devices (tablets, iPods/iPads, handheld gaming systems, cellphones, etc.) are permitted, and used by device owner(s) only.
 - The Teen Center is not responsible for item(s) that are misplaced, lost, or stolen.
 - Use of headphones on personal devices is required when listening to or watching various forms of media.
- Video games, technology (including internet), and activities will be used in a positive manner and align with CYP core values, Mission and Philosophy Statements.
 - All CYP provided content and console use will be rated T (Teen) and below.
 - ALL CYP provided consoles and computers are to use Teen Center accounts only.

Facility Use:

CYP participants are encouraged to use the multiple areas of the facility. In order for all areas to be open participants are expected to respect the facility.

- Activity and Art Room(s) - are to be kept clean and decluttered. All materials should be put away when finished. If major spills occur the participant needs to alert CYP staff immediately. All sharp tools are to be signed out and in at the front desk.
- Snack Room- all trash is to be thrown away and eating areas wiped down.
- Kitchen- this area is staff only.
- Game and Music Room(s) - all devices are put away after each use. If an item is broken or in need of repair, the participant needs to inform CYP Staff members immediately.
- Restrooms- are to be used in an appropriate and respectful manner and kept clean. Restroom products (toilet paper, paper towels, soaps, and hygiene products) are to be used as designed and not wasted.
 - All Teen Center restrooms are single occupancy. Restroom keys are stored at the front desk.
- In addition to facility, we expect that all CYP participants respect government property.

Discipline:

Attending the NAF Atsugi CYP Teen Center is a privilege and should be treated as such. All participants are expected to follow all rules and policies. The following protocol outlines the CYP Teen Center discipline policy. **In the case that a Zero Tolerance Policy is broken, steps 1-3 may be waived.**

- Step 1: Verbal Warning
- Step 2: Counseling from CYP staff member, and noted in contact log.
- Step 3: Parent contact made and “We Need Your Help” form sent home to be signed and return before youth is re-admitted.
- Step 4: Suspension and/or removal from program.

Teen Center Expectations and Program Mission Parent and Participant Agreement

Zero Tolerance Policy meant immediate removal with possible suspension of privileges and attendance of CYP sponsored events and activities.

- If drugs, alcohol, illegal activities, violence (threats or purposeful injury to others) and/or bullying (teasing used to: gain power, intimidate, harass, belittle, etc.) behavior(s) occur the participant will be sent home immediately and parents will be contacted.

Here's How You Can Help:

Moving forward, we are looking to facilitate as many special events, field trips, and more fun activities as possible!

- Be a volunteer! All of our events are open to you and we encourage you to participate!
- Voice your concerns and suggestions directly to us. This may be done by speaking to any of our staff, emailing the Teen Center Coordinator, or by attending our quarterly Parent Involvement Board meetings and outreach opportunities.
- Youth Sponsorship program, offers peer to peer services to help new youth/teen members become acclimated to a new environment.
- Partnering with local entities to coordinate positive outreach and prevention such as the Boys and Girls Club of America, 4H, MFLC, Chapel, and FFSC. Please be on the lookout for these opportunities in the near future and encourage your child(ren) to participate.

Statement of Acknowledgement:

By signing below, both parent/guardian and member agree to abide by the NAF Atsugi CYP Teen Center's mission, expectations, and discipline policies.

Full Name of Member: _____

Member's Signature: _____ Date: _____

Full Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ Date: _____

Please state any questions or concerns you would like the CYP staff to address or be knowledgeable about concerning your member below:

CYB Parent Acknowledgment Form

Subject: Parent Acknowledgement and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. They may have the need to share information about your child/children with school or program professionals to ensure a comprehensive continuum of services.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs and systems to meet the needs of military children and youth by:

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp or school-sponsored activities.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest.

CYB-MFLCs are flexible and can schedule appointments, meetings and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Acknowledgement of Understanding:

I understand the role of the CYB-MFLC and that they may have the need to share information about my child/children with school or program professionals to ensure a comprehensive continuum of services.

I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct individual face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child’s enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported ***as a part of a formal group focused on different topic areas***. This authorization is valid for the duration of my child’s enrollment and can be revoked at any time in writing.

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date: _____