

Moody Open Rec Enrollment Checklist



Child's Name: _____ Age: _____ Parent Name: _____

School: _____ Race: _____ Sex: _____ DOB: _____

| Documents | Receptionist Initial | Date |
|--|----------------------|------|
| AF 88 | | |
| ER contact(s) OTHER than parent(s) | | |
| Special needs listed | | |
| Parents signature on 88 | | |
| Photo permission on 88 | | |
| Form 88 program staff completion | | |
| EVERY SECTION on Georgia DHS form filled out | | |
| Open Rec member signature on Code of Conduct | | |
| Photo permission on Permission Form signed | | |
| Sunscreen and bug spray permission signed on Permission Form | | |
| Open recreation release signed on Permission Form | | |
| Current immunizations INCLUDING flu shot | | |
| Notice of exemption signed | | |
| Special needs packet (if applicable) | | |
| Parent handbook | | |

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

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 |

MEMORANDUM:

FROM: Moody Air Force Base Youth Programs

[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

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date

ELECTRONIC AND PRINT PUBLICITY PERMISSION

I give consent for my child, _____, to be photographed to be used for educational and marketing purposes for the Youth Center. I also give permission for my child's photo to show up in the local and base newspaper, online on the Moody webpage, on the Youth Programs and 23d FSS Facebook page, on display through out the Youth Center, used on marketing advertisements for the Youth Center and its programs, etc. Also, permission is granted for my child to be videoed and featured on news channel footages about the Youth Center (those approved by military public affairs).

TRANSPORTATION PERMISSION

I understand by signing this form, I, _____, give Moody Youth Programs permission to transport my child for field trip opportunities on base. (Specialized permission slips will be used for any off base fieldtrips).

SUNSCREEN & BUG SPRAY PERMISSION

I, _____, give Moody AFB Youth Programs Staff permission to apply sunscreen and bug spray to my child.

OPEN RECREATION RELEASE PERMISSION

Check the box if your child is NOT enrolled in MAFB School Age Program

I, _____, give permission for _____ to be signed out of the MAFB School Age Program into Open Recreation. I understand that my child is responsible for their actions while in the Open Recreation Program. I also understand that youth signed into the Open Recreation Program are free to sign themselves out of the Open Recreation Program.

Youth's Name: _____ Age: _____

Parent's Signature: _____ Date: _____



MOODY AFB YOUTH PROGRAMS CODE OF CONDUCT

1. Youth must be respectful and courteous to staff and other youth at all times.
2. Membership ID must be presented upon entry or youth will be required to pay \$4.00 guest fee.
3. Youth must avoid the use of profanity and insulting language.
4. Physical violence is prohibited.
5. Equipment is to be used properly and for its intended purposes only.
6. Use of tobacco, alcohol, illegal drugs, and / or weapons are prohibited.
7. Theft of property, bullying, or being disrespectful will NOT be tolerated.
8. Limit affectionate behavior to holding hands.
9. No outside food is allowed in the building.
10. Youth must sign in upon arrival and sign out before departure.



Respect Yourself. Respect Others. Respect Property

Youth Signature: _____ Date: _____

Open Rec Staff Signature: _____ Date: _____



Division of Family and Children Services
Afterschool Care Program
Youth Eligibility Form

Page 1 of 3 - Moody AFB Youth Participation Eligibility Form

Moody AFB Youth Programs, along with the Division of Family and Children Services (DFCS) are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.

Form to be completed by Parent/Custodian/Caregiver

Youth Information -- This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): _____ / _____ / _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth residing in Georgia? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - _____ Youth applicant is between the age of 5 and 17 years old; OR
 - _____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): OR
 - _____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If the one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program):

| | Yes | No |
|--|--------------------------|--------------------------|
| A. Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Medicaid or Social Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Reduced or free lunch program at school | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Peachcare for Kids | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Afterschool Care Program Income Eligibility Guide

| Number of Persons in Family Unit | Federal Poverty Level * | DFCS Afterschool Care Program Annual Household Income Guidelines ** | DFCS Afterschool Care Program Monthly Household Income Guidelines |
|----------------------------------|-------------------------|---|---|
| 1 | \$11,880 | \$35,640 | \$2,970 |
| 2 | \$16,020 | \$48,060 | \$4,005 |
| 3 | \$20,160 | \$64,480 | \$5,040 |
| 4 | \$24,300 | \$72,900 | \$6,075 |
| 5 | \$28,440 | \$85,320 | \$7,110 |
| 6 | \$32,580 | \$97,740 | 8,145 |
| 7 | \$36,730 | \$110,190 | \$9,183 |
| 8 | \$40,890 | \$120,670 | \$10,223 |
| Each additional person, add | \$4,160 | \$12,480 | \$1,040 |

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 80 FR 3236, Page 3236 – 3237, Document Number: 2015-01120)

** 300 % of the federal poverty level

Family Unit Size* _____
 Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

| Household Composition and Income | | | | | |
|---|--------------|--------------------------|---------------|-------------------------------|---------------------|
| Gross Monthly Income is income before taxes and deductions. | | | | | |
| Name (First, Middle, and Last) | Relationship | Date of Birth (MM/DD/YY) | Income Source | Amount (Gross Monthly Income) | How often received? |
| | SELF | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth's Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information -- *This section must be completed in its entirety.*

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

To be Completed by DFCS Funded Afterschool/Summer Service Provider

By signing below, I certify the information presented within this form was reviewed, verified and confirmed, and meets the DFCS Afterschool Care Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant's file in a confidential and secured location.

Authorized Program Staff Signature

Title

Date

**** See Appendix B for income verification proof sources**