



Middle School and Teen Program (Orientation Packet Explanation)

Page 1 - Middle School & Teen Program (This is yours to keep for information)

This form informs families about the healthy developments that MST promotes. You will also find a list of different activities offered in our after school program. This form provides a list of the hours which we operate during regular school days and summer/holiday hours. Our address and phone number are listed on the bottom of this form should you have and questions, comments, or concerns.

Page 2 - Program Registration & Sponsor Consent form (This form must be returned to the center)

It is required that this form is updated annually for all youth. All information must be provided.

- Emergency release: All youth must have 2 local contacts.
- Does your child have special needs?
 - Special needs under CYS applies to youth having medical conditions that require special treatment or medication. Examples may include but not limited to:
 - Allergies (life threatening, food, or environmental)
 - Special Diet (ex. Lactose intolerant, religious, diabetic)
 - Respiratory diagnosis (ex. Asthma)
 - If your youth does have special needs, please speak to the front desk to obtain the additional paperwork required to complete your registration.
 - **ALL special needs paperwork must be completed and approved prior to the youth attending MST.**

Page 3 – Parent Orientation Checklist (This form must be returned to the center.)

This form lists our expectations for the MST program. Please read through them and initial next to each one as an understanding of our guidelines. Please included a final signature at the bottom of the back page.

Page 4 – Letter of Agreement (This form must be returned to the center)

This form informs parents/guardian and youth of the rules that have been established for the Middle School Teen Program as well as the consequences for violations. Please read thoroughly, we need a parent/guardian print/signature and the youth print/signature as understanding of the information.

Page 5 – Military & Family Life Counselor (This form must be returned to the center)

This form is information relating to the military and family life counselors on post. The counselors visit our facility and interact with the youth present.

Page 6 – Patron Acceptable Use Policy (2 pages) (This form must be returned to the center)

This form explains about our Commercial Enterprise network (CEN) or Wi-Fi for our youth to access. The rules that are set in place and consent for your youth to use.

Page 7- Parent Communication

This form explains about our communication policy and assist in the registration for Remind.

Thank you!

These forms are reviewed during orientation; however, should you have any questions, comments or concerns please come in or give us a call at (337) 531-1992.



Fort Polk Middle School and Teen Program (Siegfried Youth Center)

The Middle School and Teen (MST) program is one that offers youth and teens a range of activities in an environment that is positive and promotes their development in a healthy manner. MST strives to assist youth & teens with their transition into adulthood. The MST Program supports youth and teens by:

- Reinforcing the Army core values
- Promoting positive attitudes
- Offering youth opportunities to feel capable, knowledgeable, and skilled
- Empowering youth to participate and contribute to their community
- Encouraging the development of life, educational and professional skills
- Helping with the development and promotion of knowledge and confidence to handle and/or avoid situations and behaviors that may put youth at risk.

The Middle School & Teen program has established partnerships with programs such as:

Boys & Girls Club of America (BGCA) and 4-H.

Eligibility:

To participate in the center, youth and teens must have a registration completed and updated annually.

Cost:

There is no cost to register for MST. However, there are fees for some special events and fields trips should youth or teens decide to participate in them.

Hours:

During the School Year:

Monday –Thursday: 1430 – 1900

Friday – Saturday: 1430 – 2200

Please do not hesitate to contact us for any questions, comments, concerns, or a visit.

Phone: 337-531-1992/1991

Address: 5538 University Parkway; Building 4996

Fort Polk, LA 71459

CYS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services. CYS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYS offers: dances, trips, classes, volunteer opportunities; homework assistance; up-to-date technology and internet access; place to meet friends; summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012, **PRINCIPAL PURPOSE(S):** To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care. **ROUTINE USES:** Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent. **DISCLOSURE** of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

Please complete the below information. Parent will be contacted within five (5) days by a CYS staff member to verify information.

YOUTH: Last Name _____ First Name _____ Gender: _____

Grade _____ School _____ DOB _____ Age _____

SPONSOR: Last Name _____ First Name _____ Rank _____

Duty Status: _____ Other _____ Branch: _____

Unit/Employer _____ Unit/Employer Address _____ Zip Code _____

Installation _____ Work Phone _____ Cell Phone _____

Home Phone _____ Mailing Address _____ Zip Code _____

On / Off Post? _____ Sponsor Primary Email Address _____ Alternate _____

SPOUSE: Last Name _____ First Name _____ Rank _____

Duty Status: _____ Other _____ Branch: _____

Unit/Employer _____ Unit/Employer Address _____ Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____

Spouse Primary Email Address _____ Alternate _____

EMERGENCY/RELEASE CONTACTS (Local adults, not parents, authorized to respond in an emergency or locate parent):

1. Last Name _____ First Name _____ Work # _____

Cell # _____ Home Phone _____ Is this person authorized to pick-up youth? _____

2. Last Name _____ First Name _____ Work # _____

Cell # _____ Home Phone _____ Is this person authorized to pick-up youth? _____

Please continue on back side

SPONSOR CONSENT: I, _____, parent/guardian of _____, give consent for an authorized CYS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or wellbeing. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

Does your youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, rescue medications, etc.) YES / NO (If yes, CYS will send you a Health Screening Tool to be completed and return within 5 days.)

Can the use of photographs and/or video of your youth to include text, analog and digital media and artwork created by your youth be released to Media and/or used in Child & Youth Service marketing materials? YES / NO

Can your youth be transported in a government or commercial vehicle? YES / NO

Does your Youth have permission to access CYS network, the internet or social networking sites? YES / NO

I have received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgement? YES / NO

Date the CYS Acceptable Use Policy document was returned to Youth Services or Parent Central Services _____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

Date _____ **Parent/Guardian SIGNATURE:** _____

STAFF TELEPHONIC VERIFICATION: Name of verifying staff: _____ Date _____

Name of verifying parent: _____ Time _____ Special needs? _____

If yes to Special Needs, date Health Screening sent to parent _____ Date returned _____ Remarks _____

Date pass issued in CYMS _____ Staff Signature _____

Staff initial and name verification: Year 2 _____ Year 3 _____ Year 4 _____

Year 2 date: _____ Health Changes YES / NO Parent Initials _____ Staff Initials _____

Year 3 date: _____ Health Changes YES / NO Parent Initials _____ Staff Initials _____

Year 4 date: _____ Health Changes YES / NO Parent Initials _____ Staff Initials _____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information please call one of the numbers listed below:

Youth Program Information: 337-531-1992

Parent Central Services Information: 337-531-1955

Notes or Comments: _____

- Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of complete form.**
- CYS staff will validate registration form. If validation is not completed within 5 working days, immediately contact the Program Manager or Outreach Services Director. Youth guest membership will be cancelled if the reason validation is due to parent not available to verify information.
- Once registration is validated (and, if required, Health Screening Tool is completed and returned), annual pass will be issued to youth.
- Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.
- To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

Parent Orientation Checklist

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Youth Name (First M. Last)

Current School Grade

Initialing and signing of this document establishes acknowledgment, understanding, and acceptance of the policies for Middle School & Teen program.

Initials	Policy
	<p><u>Open Door Policy :</u></p> <p>I understand that CYS/MST has an open door policy and that I may visit my youth at any time.</p>
	<p><u>Medication Policy :</u></p> <p>I understand that MST/CYS personnel may administer medication to my youth <u>ONLY</u> if he/she cannot administer the medication <u>AND</u> if it meets the following criteria: 1) Medication card is filled out properly and signed by facility director and parent quarterly. 2) Medication is on the approved medication list or ETP is obtained.</p>
	<p><u>Trip permission slips (Consent) Policy :</u></p> <p>I understand that by initialing/signing the permission slips for the special daily activities and for out-of-town trips permission slips (DA Form 5222-R/separate Field Trip Permission Slip form), I give my consent for my youth to be a participant for those activities.</p>
	<p><u>Payment Policy :</u></p> <p>I understand that any fees are due in advance of the field trip/activity and may be made between 08:00 – 16:30 (4:30 pm) at Building 400. I understand that youth cannot be dropped off for field trip or events without payment and trip permission slips. I understand <u>that youth will not be allowed to attend until a payment has been made.</u></p>
	<p><u>Program Operation Hour Policy :</u></p> <p>I understand MST hours of operation are as posted. I understand that I cannot drop my youth off before opening hours and I will pick up my youth no later than the designated closing hours. I understand that my emergency contacts and releases, employer and commander will be notified if my youth is not picked up by closing hours. If no one is available to pick up my youth after all contact attempts have been exhausted, MST staff is required to contact the MPs and Youth Protective Services.</p>
	<p><u>Youth Sign In & Out Policy:</u></p> <p>I understand that the CYS Middle School & Teen Program youth may sign themselves in and out of the center. The MST staff <u>does not have the authority</u> to deny any youth in the program to sign out from the program for any reason.</p>

	<p><u>Emergency Youth Release Designees Policy :</u></p> <p>MST will only release youth to the parents/guardians and/or contacts that have been designated previously for pickup in the youth's file. Additional release designees must be presented by parent/guardian in <u>WRITING to MST personnel with identification.</u></p>
	<p><u>Current Information Updating Policy :</u></p> <p>All information must be kept current. This is to include but not limited to: Sponsor name, home address, phone number, Sponsor unit, unit phone number, emergency designee information and medical issues and/or concerns.</p>
	<p><u>Annual Membership Registration Policy :</u></p> <p>Re-register is required to be completed annually, failure to do so will result in the expiring and suspension of youth visitation to the facility.</p>
	<p><u>Withdrawal Notice requiring Policy :</u></p> <p>Before clearing post, I <u>must out-process through Parent Central Services</u> and inform center of the last date.</p>
	<p><u>Personal Property & Equipment Policy:</u></p> <p>I understand that the Fort Polk-CYS/MST is not responsible for any personal property or equipment that is lost, stolen or damaged while youth are in care.</p>

Youth's Name: _____
 (First, Middle, Last)

Guardian Signature: _____

Date: _____

RETURN TO CENTER

Revised 2020 DEC 26

Fort Polk Middle School and Teen (MST) Program

Letter of Agreement

In order to maintain a safe and positive environment, the youth, teens, and staff have worked together to establish a set of expectations. The staff at MST use positive guidance techniques (encouragement, redirection, problem-solving, mediation, and administering established consequences) to enforce the agreed upon guidelines. The guidance the staff use to ensure the established rules are being followed is designed to guide our members in the following ways: learning from his/her mistakes, solving his/her own problems, and taking responsibility for his/her actions. Please note that the MST staff is required to maintain confidentiality to protect the privacy of all members. Staff members will not discuss any matters involving other members with parents and/or guardians.

Note to parents: We request that all youth and teens are picked up on time. While we are a free program and do not charge for late pick-up like other CYS facilities, staff members are not required to stay with the youth and/or teens after the facility is closed. If youth and/or teens are picked up late, the staff reserves the right to call the base police to stay on the property until the youth and/or teens are picked up.

Expectations for Youth and Teens

All members of the MST program will:

1. Be respectful.
2. Take responsibility and be accountable.
3. Physically harming or forms of harassment are unacceptable.

Consequences for not adhering to our expectations:

First Offense: Encouragement, redirection, problem-solving, mediation by MST staff

Second Offense: Loss of privileges

Third Offense: Parent Communication

Fourth Offense: Parent and Youth Conference

Consequences for physically harming or harassing another youth:

First Offense: MST staff guidance, parent communication, Command notification, and dismissal for the day from the area in which the incident occurred.

Second Offense: Parent and Youth conference, Command notification, observation and establishment of Behavior Plan.

Youth Printed Name: _____

Youth Signature: _____

Parent/Guardian Printed Name: _____

Signature of Parent/Guardian: _____



Military and Family Life Counseling Program

CYB Parent Acknowledgment Form

Subject: Parent Acknowledgment 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 and Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (master's 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. To ensure a comprehensive continuum of care for your child, CYB-MFLCs may work in collaboration with school or program professionals.

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' mandated reporting regulations.

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 work in collaboration 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 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: _____



MILITARY & FAMILY LIFE COUNSELING

CHILD AND YOUTH BEHAVIORAL COUNSELORS

Resources for Service Providers and Leaders

Military and Family Life Counseling services are available on and off installations. Counselors offer non-medical counseling support to help service members and their families build skills and resilience.

Military service providers and leaders can request MFLC support at:

<https://supportrequest.militaryonesource.mil>.

Get more information about MFLC and other helpful programs from Military OneSource.

Call or live chat any time.

800-342-9647 | www.militaryonesource.mil



MILITARY
ONE**SOURCE**



FOR WHEREVER YOU ARE IN LIFE

SUPPORT FOR MILITARY CHILDREN



ONE-ON-ONE
COUNSELING



COUPLES
COUNSELING



GROUP
COUNSELING



CHILD & YOUTH
COUNSELING



BRIEFINGS &
PRESENTATIONS

The Military and Family Life Counseling Program helps military families and children navigate challenges with free face-to-face support.

Child and youth behavioral military and family life counselors, or CYB-MFLCs, provide confidential non-medical counseling services to children and youth up to age 18 in groups and individually. They also offer support to families, staff and support personnel. Working with a counselor can help improve behavior, performance in school and relationships.

CYB-MFLCs are master's or doctorate-level licensed counselors who may:

- Provide consultation support to parents and caregivers, childcare providers, teachers and administrators on the healthy development of children and youth
- Model evidence-based intervention approaches
- Assist educators with strategies for cultivating a deeper understanding of the factors that shape social-emotional development
- Conduct classroom observations

Services are private and confidential except in situations that involve domestic violence, child abuse, sexual assault or otherwise necessitate a duty to warn.

CYB-MFLCs provide support on topics including, but not limited to:

Feelings identification

- Bullying
- Self-esteem
- Separation from parents
- Problem solving
- Sibling and parent relationships
- Time management
- Deployment and reunification
- Divorce

Learn more by visiting or calling your installation's Military and Family Support Center.



Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

1. Child Youth Services (CYS) provides filtered internet access via a Commercial Enterprise Network (CEN). Registered Children and Youth are allowed to utilize the CEN after completion of the following requirements:

- a. Signed Parent/Guardian Acceptable Use Policy Letter
- b. Appropriate level Technology Awareness Training

2. I understand that access to the CYS CEN is a privilege and may be revoked at any time due to inappropriate conduct. I understand my use of the CEN is subject to monitoring and I must comply with all provisions of this policy and rules governing use of the CEN.

3. Acceptable Use Policy (AUP) and privileges for Internet use are as follows:

a) I will respect CYS property and will not maliciously cause harm or vandalize any equipment issued to me or the CEN by:

1. Deliberately disrupting network use by others. I will not send "chain letters or broadcast" message to individuals or list of individuals.
2. Attempt to gain unauthorized access to other computer/network systems.
3. Attempt to harm or destroy data of another user, the internet or any other network. This includes creating or knowingly transmitting computer viruses or hacking other computers/networks.
4. Attempt to disable any IT security system or auditing system.

b) Passwords issued to me must be kept confidential and not shared with anyone.

c) I will not introduce executable codes (such as, but not limited to, -exe, -com, vbs, or bat files) nor download programs, Applications (Apps) or music onto any CYS-owned device without authorization.

d) I understand that CYS has a zero tolerance policy on cyberbullying. Cyberbullying is considered harassment and will result in the strongest possible consequences. Cyberbullying is the use of any device to convey a message in any form (text, image, audio, or video) that intimidates, harasses, or is otherwise intended to harm, insult, or humiliate another in a deliberate, repeated, or hostile and unwanted manner. Staff, children, and youth will not use the CYS CEN to cyber-bully anyone. Cyberbullying may include but is not limited to:

1) Spreading information or pictures to embarrass others.



Child and Youth Services (CYS) Patron Acceptable Use Policy (AUP)

- 2) Heated unequal arguments that includes rude, insulting, or vulgar remarks.
- 3) Isolating an individual from his or her peer group.
- 4) Using someone else's screen name and pretending to be that person.
- 5) Forwarding information or pictures meant to be private.

e) I will be polite in all electronic communication. I will be courteous and use respectful language and/or images while communicating with others. I will not swear, use vulgarities, or use harsh, abusive, sexual or disrespectful language or images.

4. I will follow policy relating to prohibited use of the CYS CEN. Examples of prohibited uses of the CYS CEN include:

a. Creating, accessing, downloading, viewing, storing, copying, sending or knowingly receiving material that is illegal or offensive to others, such as hate speech, or any material that ridicules others based on race, creed, religion, color, sex, disability, national origin or sexual orientation.

b. Accessing or transmitting any defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, and illegal material.

5. Use of CYS-provided devices:

1. I understand that any device that I sign out is MY responsibility until returned and should be returned in the same condition as time of check out.
2. I will protect devices from food or beverage spills or from any other damages.
3. I will not share files or add software/apps unless approved by staff.
4. If I come across an inappropriate website, I will notify staff immediately.

6. Violations to any of these policies will result in, but not be limited to: verbal and written warnings, notification of parents, or loss of privileges.

The following actions will be followed after a Child or Youth is found to be in violation of this AUP:

a. **First Infraction:** An initial infraction will result in a verbal warning, consisting of conversation with the youth, reminding him/her of the CYS AUP and the privilege in using devices/internet access. Parent(s) of youth will receive a notice advising of the infraction and the conversation that was conducted with the child.

b. **Second Infraction:** Internet access will be revoked and the youth will be unable to use or bring their own device for a period of seven (7) days.

c. **Continued Infractions:** Ongoing violations of the aforementioned policies will result in an extended loss of privileges for a minimum of ninety (90) days; after that time, CYS management will determine whether privileges will be restored.



Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

7. Consent to the Following Conditions:

- a. During certain instances CYC Personnel may need to inspect and review data stored on an information system used by CYC patrons.
- b. Communication traffic and data stored on an information systems is not private, and can be subject to routine monitoring, interception and may be disclosed or used for CYC purposes.
- c. This information system includes security measures (e.g. access controls) to protect CYC interest and CYC patrons.
- d. The user consents to interception/capture and seizure of ALL communications and data to support information gathering for investigating accidents, incidents and misconduct.
- e. No expectation of privacy. The CEN is not required to implement security controls for the express purpose of protecting Personally Identifiable Information (PII).

Youth Name:

_____ @usarmycys.com
First Name Middle Initial Last Name

Parent/Guardian:

As the Parent and/or Guardian of (youth name) _____, I have read the Acceptable Use Policy. I understand enrolling my child in the CYC program will allow them to have access to the Internet. I understand that CYC has taken all reasonable precautions to ensure safe access to the Internet. A firewall is used to limit access to questionable material. I also recognize, however, that it is impossible for CYC to restrict access to all controversial materials, and I will not hold CYC responsible for materials acquired on the network. I understand that this permission form does not eliminate the requirement of technology awareness training. Parents and/or Guardians are responsible for the actions of their children and youth.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____

Parent Communication

Dear MST Families,

In order for us to better serve you, please provide any guidelines you wish your teen to follow while in care. In addition, we will be utilizing a communication app called "Remind". This is a free, secure app that can be downloaded to any iPhone or Android device and will allow for us to communicate easily with you via secured text-messaging. Your personal contact information is not visible to us. We send out important information via remind, such as facility closures & events.

Signing up for our messages on Remind is easy.

Download the app and then register using one of the two ways listed below:

For Email
Messages:

Send an email
to

Ftpolkmst@mai
l.remind.com

For Text
Messages:

Send a text to
81010 with the
message

@ftpolkmst

V/r,

Susan M. Cawley
Middle School and Teen Center Director