



U.S. Army Child, Youth
& School Services

Announcing a new policy of **Self-Registration** At West Point's Middle School & Teen Center (MST)

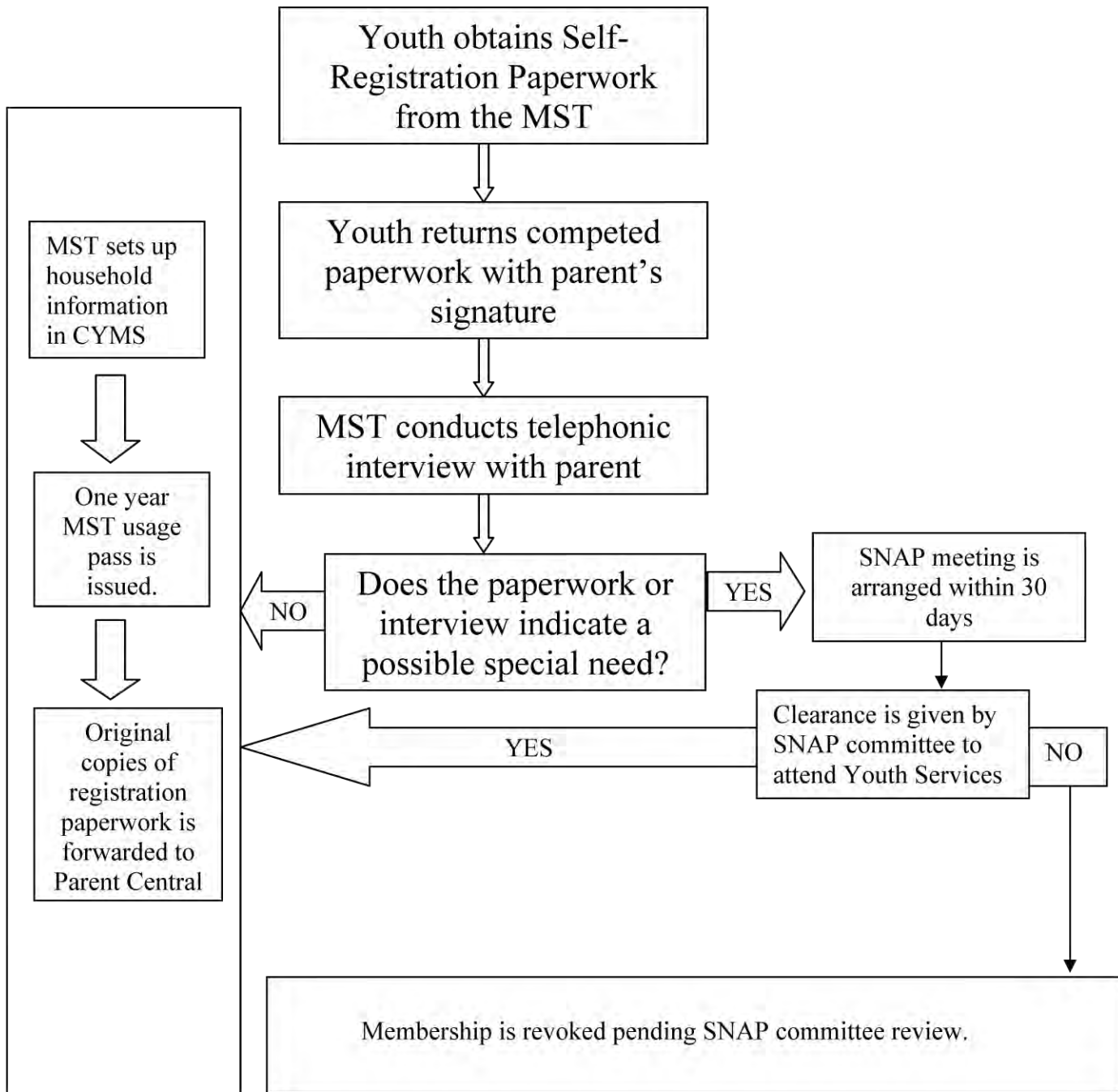
The Self-Registration policy is designed to provide the benefits of MST membership while at the same time facilitating the **timely** and proper processing of needed releases, permissions, and registration documents.

Self-registration is an option available to those registering for MS/T Open Recreation only. Patrons seeking enrollment in Sports, Skies, or other CYS Services must complete the regular registration process at Parent Central.

Benefits of Self-Registration include:

- Streamlined application process
- No waiting for an “in-person” registration interview
- Full participation as guest members while paperwork is processed.

Self – Registration at a Glance



Middle School / Teen Center Self-Registration Checklist

Youth Name _____

_____ **MST Registration Form**

_____ **7625-1 (Health Screening Tool)**

***Additional Documents may be required based on Registration/Health Screening Tool**

Packet Complete

Pass Issued

Temporary Pass Issued

Parent Central Attention Needed

Notes:

CYSS Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYSS activities now! 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). CYSS 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 CYSS 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:** 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 AR608-10.

YOUTH: Last Name _____ First Name _____ Nickname _____

Gender: (circle one) M / F Grade _____ School _____ DOB _____ Age _____

E-mail Address: _____ Phone Number: _____

Phone Service Provider: _____

I authorize MST to text and email me information and announcements about programs and events: Yes _____ No _____

SPONSOR: Last Name _____ First Name _____

Status: Active Duty / Guard / Reserve / DOD Civ / Other _____ (If Mil Rank: _____ Branch: AR / AF / NA / MA / CG)

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

City _____ Work Phone _____ Cell Phone _____

Mailing Address _____

Home Phone _____ Sponsor E-mail Address (AKO) _____

SPOUSE: Last Name _____ First Name _____

Status: Act Duty / Guard / Reserve / DOD Civ / Other Employed Civ / Student / Retired / Unemployed

(If Mil: Rank _____ Branch: AR / AF / NA / MA / CG) Spouse E-mail Address _____

Unit/Employer _____ Unit/Emp Address _____ City _____

Zip _____ Bldg # _____ Work Phone _____ Cell Phone _____

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

1. Last Name _____ First Name _____ Work Ph _____

Cell _____ Home Phone _____ Is this person authorized to pick-up youth? Yes ___ No ___

2. Last Name _____ First Name _____ Work Ph _____

Cell _____ Home Phone _____ Is this person authorized to pick-up youth? Yes ___ No ___

SPONSOR CONSENT: I, _____ parent/guardian of _____, give consent for an authorized CYSS 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 well-being. 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, etc.)
 Yes ___ No ___

Can your Youth be photographed while participating in a CYSS program for release to the media? Yes ___ No ___

Does your Youth have permission to access the internet? Yes ___ No ___

If yes, does your Youth have permission to access social networking sites? Yes ___ No ___

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 parent: _____

1. Verification Date _____ Time _____

_____ MST Registration Form

_____ 7625-1 Health Screening Tool

Special needs? Y or N

If Yes, Additional Forms Received (Please circle):

Respiratory MAP Allergy MAP Special Diet Statement Diabetes MAP Seizure MAP

Date CYSS pass issued: _____ Staff Signature _____

Additional Verification Attempts	Staff Initial
1. Date/Time _____	_____
2. Date/Time _____	_____

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

West Point Middle School/Teen Center Information

ADDRESS: Bldg 500 Washington Road
 PHONE: (845) 938-8525/3727
 FAX: (845) 938-7572
 HOURS: M- Th 1:00pm – 8:00pm
 Fri 1:00pm – 9:00pm
 Sat 12:00pm - 5:00pm & 6:00pm– 9:00pm

Parent Central Information

ADDRESS: Bldg 140 Lee Area CDC
 PHONE: (845) 938-4458/0939/0940
 FAX: (845) 938-0943
 HOURS: M-F 8:15am – 5:30pm

Notes

1. Youth may attend the regular MS/T programs as a guest member immediately upon receipt of **completed** forms.
2. MS/T Personnel will validate form registration. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled.
3. Once registration is validated, an annual pass will be issued to youth.
4. 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.
5. To enroll in a fee based program such as SKIES or Team Sports, a regular registration with Parent Central is required.