



Human Services & Community-Based Programs



UNITED STATES ARMY CHILD & YOUTH SERVICES



Army Youth Program in Your Neighborhood (AYPYN)- Indian River Middle School
2022-2023 Academic Year

Child's Name (First Middle Last) _____ Date of Birth _____ Grade Level _____ M F
Assigned Sex at Birth

Ethnicity _____

Parent's/Guardian's Name _____

() _____ () _____
Cell Phone Work Phone

Parent's/Guardian's Name _____

() _____ () _____
Cell Phone Work Phone

_____ Email

_____ Email

_____ Address

_____ Address

_____ City, State Zip Code

_____ City, State Zip Code

Military Personnel (if applicable):

Is either of the child's guardians a military ID cardholder? Yes No

If yes, please indicate your military affiliation:

Active Duty Army Activated Army National Guard Activated Army Reserve Retired Army

DoD Army Civilian Gold Star Family

Do you currently live on or off the military installation? On Post Off Post

Parental/Guardian Consent for Program Participation

AYPYN operates Monday through Thursday from 2:15 PM to 5:15 PM following the Indian River School District Calendar. Students are encouraged to fully participate in the program to receive maximum benefits, but student attendance may be flexible. Students engaged in other extracurricular activities during the school year may continue to attend AYPYN as their schedules permit. This can be for a portion of the daily program or on different days of the week.

The undersigned permits _____ to participate in the Army Youth Program in Your Neighborhood during the 2022-2023 academic year at Indian River Middle School.

I permit photographs of my child to be used in program materials, such as Indian River and Children's Home of Jefferson County newsletters, social media, informational and promotional literature, exhibits, and for other display purposes.

_____ Parent/Guardian Signature

_____ Date

Transportation Information

My student will require transportation at the end of the AYPYN on the following days:

Monday Tuesday Wednesday Thursday

Bus Drop-Off Address:

Street: _____

City: _____ State: New York Zip Code: _____

Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

() _____

() _____

() _____

() _____

Cell Phone

Work Phone

Ce Phone

Work Phone

Other authorized individuals for pick-up

These individuals must present an ID at pick-up

Medical Information

Allergies/Special Health Considerations

Current Medications

If your child suffers from asthma or allergies whose treatment involves the use of an inhaler or EpiPen, please request a Written Medical Consent Form. A portion of this form must be completed by the child's doctor and returned before program attendance. An inhaler or EpiPen must be provided so that we may administer the medication as needed.

Parental/Guardian Consent for Emergency Health Care

[NYCRR Title 18, Part 414.11(d)]

I hereby give my consent to the Children's Home of Jefferson County's After School Programs Coordinator- Army Youth Program in Your Neighborhood Supervisor- to obtain emergency health care, including the arrangement of transportation to such care, for my child named above, which, in the opinion of the attending physician, is necessary to protect my child's health and physical well-being.

I understand that, in the event of an accident requiring surgery, I will be given prior notice of any such surgery required, unless the condition, in the opinion of the attending physician, demands immediate emergency care, of which I will be notified immediately thereafter as reasonably possible.

Signature: _____

Date: _____

Printed Name: _____

AYPYN Advantage Afterschool Program Code of Conduct

As a registered member of the Army Youth Program in Your Neighborhood, I promise to follow all of the outlined conduct and agree to the policies and procedures put into place. If I witness any violations described, I will report my observations to a staff member. I agree to the following:

- I will not bring or use any tobacco, alcohol, vapes, drugs, marijuana, prescription pills, or drug paraphernalia.
- I will refrain from engaging in physical altercations, lewd/vulgar behavior, and threatening or endangering the safety of others.
- I will not bully peers or staff with unwanted aggressive behavior, enforced/implied power imbalance, or repetition/high likelihood of repetition of bullying behaviors in person or while online at the center. I understand I am expected to be inclusive and maintain a climate of mutual respect/dignity for all youth and staff regardless of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, sex or any other legally protected status.
- I will use the technology provided to me appropriately:
 - No accessing/distributing/possession of obscene, profane, sexually-oriented, violent, or illegal activity material. Technology usage will not interfere with program operations.
- I will gain verbal consent from youth or staff before recording or taking photos of them.
- I will refrain from breaking or writing on Indian River property or the property of others.
- I will not tamper with safety equipment (fire alarms, fire extinguishers, cameras, sensors, electrical sources, thermostats, etc.). I understand that doing so will result in a 30-day break from the AYPYN Program, and staff will hold a meeting with a parent/guardian.
- I will follow all guidelines and rules explained for special activities. Youth and staff will reflect the values of CHJC and AYPYN while in public.

Corrective Actions:

1. The student will be given a verbal warning for inappropriate behavior.
2. If the inappropriate behavior continues, the students will be given a "Changing my Behavior" form and work with the staff on ways to correct inappropriate behavior.
3. Additional CMB forms given on the same day will warrant a written report to be signed by the guardian.
4. If a student receives two written reports for disciplinary issues, they will be suspended from the AYPYN for up to one week. The student and guardian(s) must meet to speak with Coordinator/Director to determine the conditions for reinstatement into the program.

Termination of participation may occur for the following reason:

1. Completion of a fourth disciplinary incident.
2. Exhibiting behavior in opposition to the goals and philosophy of the Army Youth Program in Your Neighborhood.
3. Causing physical or emotional harm to self, staff, or other students.

Parent Signature: _____

Date: _____

Student Signature: _____