



CYS Registration Checklist



If requesting childcare (Full Day, Part Day, or Before/After Kinder-5th Grade) at CDC or SAC, you must submit your request(s) for care through <https://militarychildcare.com/>. All offers will be sent through the Military Child Care website based on new 01SEP20 priorities and availability.

Verification of employment status will be required.

CDC/SAC/Hourly Care

- CYS Registration Form (needed annually to verify information)
- Space Priorities Memo (needed at initial registration)
- CYS Health Screening Tool (needed annually)
- CYS Health Assessment (may be signed up to 3 years for childcare if no changes to medical condition – a new Health Assessment is required if there are any changes to or removal of any medical conditions)
- Copy of immunizations records for children that do not attend DODEA School (i.e., not in school, home school/private school)
- **Medical Action Plan Forms*** if child has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns (needed annually)
- PCS / Travel Orders / Command Sponsored / Pin point Orders / Letter of Employment (LOE)
- Family Care Plan DA Form 5305-R for Single/Dual Military Only (needed annually)
- Once offer for care is given by Military Child Care website/CYS staff, the following will be requested: Copy of most recent Leave and Earning Statement (LES) from each working parent or proof of employment with salary / LQA to calculate annual Total Family Income (needed annually – not required for hourly care)

Sports/SKIES

- CYS Registration Form (needed annually to verify information)
- CYS Health Screening Tool (needed annually)
- FOR SKIES ONLY: CYS Health Assessment (may be signed up to 3 years for SKIES if no changes to medical condition – a new Health Assessment is required if there are any changes to or removal of any medical conditions)
- FOR SPORTS ONLY: CYS Sports Physical (needed annually as indicated on the form)
- **Medical Action Plan Forms*** if child has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns (needed annually)
- FOR SKIES ONLY: SKIESUnlimited Statement of Understanding (needed annually)
- FOR SPORTS ONLY: Parents' Code of Ethics (needed annually)

Middle School – Teen (MST) Youth Center

- CYS Youth Program Registration & Sponsor Consent Form (IMCOM FORM 34, JUN 2019) – (may be signed up to 4 years if no changes to information)
- Youth Center Packet: Parent Orientation Checklist / Standard of Conduct / Facility specific forms (needed at initial registration)
- The below documents are needed annually if youth has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns
 - CYS Health Assessment (may be signed up to 3 years for Youth Center services if no changes to medical condition – a new Health Assessment is required if there are any changes to or removal of any medical conditions)
 - CYS Health Screening Tool
 - **Medical Action Plan Forms***

***Medical Action Plan Forms:** Please contact Parent Central Services by email if you are unsure of which forms are needed for your child/youth's registration. Forms include: Allergy Medical Action Plan, Respiratory Medical Action Plan, Diabetes Medical Action Plan, Seizure Medical Action Plan, and Special Dietary Statement.

All documents and information must be complete to process your registration (new/renewal). If attending an in-person registration appointment, all documents and information must be complete and brought to your appointment with Parent Central Services. If you are unable to provide the necessary information/documents or need additional time, you may be asked to re-schedule your appointment for a later date/time.

Please contact Parent Central Services by email, or call/stop by our office (BLDG 6400) to make/cancel an appointment or for general questions/concerns. Registrations may be completed electronically by email or on WebTrac if all information and documents are provided.

CYS Facility Directory

COL DEAN HESS CHILD DEVELOPMENT CENTER BLDG. 5410 DSN 756-1103/4 COMM 0503-356-1103/4	BANG JEONG HWAN CHILD DEVELOPMENT CENTER BDLG 693 DSN 757-3112 COMM 0503-357-3112	CPT JENNIFER M. MORENO SCHOOL AGE CENTER BLDG 5230 DSN 756-3002 COMM 0503-356-3002	SGT 1ST CLASS PAUL R. SMITH YOUTH CENTER BLDG 6350 DSN 755-1077 COMM 0503-355-1077
YOUTH SPORTS & FITNESS BLDG 6400, 2ND FLOOR DSN 757-2244 COMM 0503-357-2244	BURKE CYS SKIES CENTER BLDG 6317 DSN 757-2246 COMM 0503-357-2246	SCHOOL LIAISON OFFICER BLDG 6400, 2ND FLOOR DSN 757-2241 COMM 0503-357-2241	FAMILY CHILD CARE PROVIDER INQUIRIES DSN 756-1103/4 COMM 0503-356-1103/4
PARENT CENTRAL SERVICES BLDG 6400, 2ND FLOOR, ROOM L207 HOURS OF OPERATION: 0800-1700 Monday, Tuesday, Wednesday, Friday 1200-1700 Thursday CLOSED U.S. Holidays, Weekends, CYS Training Holiday			
Email usarmy.humphreys.imcom-hq.mbx.fmwrc-parent-central-services@mail.mil		Phone DSN: 757-2250 757-2254 757-2255 COMM: 0503-357-2250 0503-357-2254 0503-357-2255	

Helpful Links/Websites

Parent Central Services MWR Website

Includes Registration Packets

<https://humphreys.armymwr.com/programs/parent-central-services>

Requesting childcare

For ages 6 weeks-5th grade – including Kinder/Elementary Before/After care (not for Hourly Care)

<https://www.militarychildcare.com>

Army WebTrac

For payments, 1st time registrations, upload documents, or to verify current household information/contacts for renewals

<https://webtrac.mwr.army.mil>

Parent Handbook

For CYS directory, activities offered, and more!

https://issuu.com/humphreysmwr/docs/cys_parent_handbook_2020

Humphreys CYS Facebook

For Humphreys CYS Updates and Events

<https://www.facebook.com/HumphreysCYSS>

Humphreys MWR Facebook

<https://www.facebook.com/HumphreysMWR>



USAG Humphreys Parent Central BLDG 6400

Hours of Operation: MON-WED, FRI 0800-1700
THUR 1200-1700

Contact Number: DSN 757-2250/2254/2255
Commercial: 0503-357-2250/2254/2255

APPOINTMENTS ARE REQUIRED FOR REGISTERING

CYS Registration

CHILD'S NAME (Last, First)	ETHNICITY	RELATION	AGE	DOB (MMDDYY)	CURRENT GRADE
Unit Info		Rank	DSN Work Phone #		
APO Mailing Address		Photo Release (Yes/No)	DEROS (MMDDYY)		
Home Address					
Sponsor's Full Name			Spouse's Full Name		
Sponsor's Cell Phone #			Spouse's Cell Phone #		
Sponsor Work Email			Spouse Email		

(Emergency contacts cannot be the Sponsor and Spouse)

Emergency Contact/ Release #1	Cell #
Emergency Contact/ Release #2	Cell #

Required Documents that must be COMPLETELY filled out prior to your SCHEDULED appointment

1	Army Child and Youth Services Health Screening Tool
2	Health Assessment (30 days granted for child/youth with no special needs annotated on DA Form 7725)
3	PCS / Travel Orders /Command Sponsored / Pin point Orders / Letter of Employment (LOE)
4	Copy of Immunization Records (Required if child is CDC age or do not attend Humphreys School) (PPD waiver/ TB Skin test required above 5 years old)
5	MIAT forms required if child has Respiratory, Special diet, Allergies or other health issues.
☺ Copy of most recent LES/ Pay Stub from each parent when the request for care on MCC has been approved by Parent Central	
Dual/Single Military Only	
7	Family Care Plan (DA Form 5305-R) Single /Dual Military Only (Completed with-in 30 days of enrollment or services denied)



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
2405 GUN SHED ROAD
JOINT BASE SAN ANTONIO FORT SAM HOUSTON, TX 78234-1223

JUL 20 2020

Dear Family,

This letter is to inform you of Department of Defense changes to priorities for child care and how they may impact you. The intent of these changes is to ensure priority access to child care for military members.

The new priority system becomes effective on September 1, 2020 and applies to all new requests for child care and to children currently enrolled in full-day and regularly scheduled school-age care in military Child Development Centers, 24/7 Child Development Centers, School Age Care centers, and Family Child Care Homes.

The updated Department of Defense child care priorities are listed at the enclosure. All child care placement offers must be made through militarychildcare.com in accordance with the new priorities. Children will be placed on a wait list, according to priority, when there is not sufficient child care capacity to meet demand.

Children may be supplanted from care by children in higher priority categories whose wait times exceed 45-days beyond the date care is needed. Enclosure provides category priorities and details on patrons who may be supplanted.

Families of children who are supplanted will receive 45-day notices and may request new placements, according to their priorities, on militarychildcare.com.

Families receiving notification of supplanting may be eligible for Army Fee Assistance to help pay the cost of off-post child care and may receive enhanced referrals to help them find off-post child care. Fee assistance enrollment is in accordance with the Department of Defense priority system when there is a wait list based on funding availability. Patrons must meet eligibility requirements for Army Fee Assistance. Child and Youth Services professional are available to support and answer any questions.

Additionally, providers must meet qualification requirements and be approved. More information is available at: <https://www.childcareaware.org/fee-assistancerespite/military-families/army/>.

Please contact your local Child and Youth Services Program Manager for more information.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Gabram", written over the word "Sincerely,".

Douglas M. Gabram
Lieutenant General, U.S. Army
Commanding

Enclosure

Department of Defense Priorities for Child Care

Priority 1A, CDP Direct Care Staff. The children of CDP Direct Care Staff are placed into care ahead of all other eligible patrons.

CDP Direct Care Staff are employees, paid from either Appropriated Funds (APF) or Non-appropriated Funds (NAF) responsible for the care of children enrolled in CDCs and SACs. CDP Direct Care staff are staff members whose main responsibility focuses on providing care to children and youth.

Priority 1A patrons may not be supplanted.

Priority 1B, in the following order of precedence: (a) Single or Dual Active Duty Members, (b) Single or Dual Guard or Reserve members on Active Duty or Inactive Duty Training Status, (c) Active Duty with Full-time Working Spouses, and (d) Guard or Reserve members on Active Duty or Inactive Duty training status with full-time working spouses.

Children of 1B priority patrons will be placed into care ahead of other eligible patrons, except Priority 1A patrons.

Priority 1B patrons may not be supplanted.

Priority 1C, in the following order of precedence: (a) Active Duty Members with part-time working spouses or spouses seeking employment and (b) Guard or Reserve members on Active Duty or Inactive Duty training status with a part-time working spouses or spouses seeking employment.

Children of 1C priority patrons will be placed into care ahead of all other eligible patrons, with the exception of Priorities 1A and 1B.

Priority 1C patrons may be supplanted by eligible patrons in Priority 1A or 1B whose anticipated placement time exceeds 45 days beyond the dates care is needed, as indicated in militarychildcare.com.

Priority 1D, in the following order of precedence: (a) Active Duty members with spouses enrolled full time in post-secondary institutions, or (b) Guard and Reserve members on Active Duty or Inactive Duty training status with spouses enrolled full time in post-secondary institutions.

Children of 1D priority patrons will be placed into care ahead of other eligible patrons, with the exception of Priorities 1A, 1B, and 1C.

Priority 1D patrons may be supplanted by eligible patrons in Priority 1A, 1B, or 1C whose anticipated placement time exceeds 45 days beyond dates care is needed, as indicated in militarychildcare.com.

Priority 2, DoD Civilians. Children of DoD civilians will be placed in the following order of precedence: (a) Single or dual DoD Civilian Employees, and (b) DoD Civilian Employees with full-time working spouses.

DoD civilian patrons may only be supplanted by eligible Priority 1A or 1B patrons whose anticipated placement time exceeds 45 days beyond dates care needed as indicated in militarychildcare.com.

Priority 3, Space Available. When Priority 1 and 2 patrons are placed into care, CYS Services may place other eligible patrons not identified in Priority 1 and 2 into space available care.

Space Available patrons will be placed in the following order of precedence: (a) Active Duty with non-working spouses, (b) DoD Civilian employees with spouses seeking employment, (c) DoD Civilian Employees with spouses enrolled in fulltime post-secondary education programs, (d) Gold Star spouses, (e) DoD Contractors, and (f) other eligible patrons.

Space available patrons may be supplanted by priority 1 or 2 patrons whose anticipated placement times exceeds 45 days beyond dates care needed as indicated in militarychildcare.com.

Sponsor and Spouse (as applicable) are required to acknowledge receipt of this memorandum by signing and dating below. Refusal to sign does not void the contents of this memorandum.

Receiving CYS Staff must annotate any pertinent information to include refusal of or inability to sign (i.e., physically not present to sign). Signed memo will be uploaded to CYMS.

Printed Sponsor Name

Sponsor Signature

Date

Printed Spouse Name

Spouse Signature

Date

Printed CYS Staff

CYS Staff Signature

Date

Encl

HEALTH ASSESSMENT/SPORTS PHYSICAL STATEMENT (HASPS) for CYS SERVICES ENROLLMENT, Renewal & SPORTS PHYSICAL Requirements

Revised 08Jan 09

DATA REQUIRED BY THE PRIVACY ACT OF 1994

PRINCIPAL PURPOSE: Information is used by DA personnel to: (1) verify child health status of immunization per admission requirements; (2) note special program considerations or restriction on child participation; (3) execute emergency medical procedure for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program; (5) certify physically fit to participate in sports. **ROUTINE USES:** No information is disclosed outside DOD. **DISCLOSURE:** Information is voluntary; however, if information is not provided, individuals may not be able to participate in community activities.

INSTRUCTIONS: All sections A, B, C. must be completed

PART: A Medical History (Filled out by parent / guardian)

Name of Sponsor	Home Telephone	Duty/Work Telephone
	Cell Telephone	
Sponsor Unit / Work Address		Spouse's Work Telephone

CHILD HEALTH INFORMATION

Name of Child	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Does your child have ongoing medical concerns?
(If Yes, explain circumstances and current status)

Yes No

Is your child enrolled in Exceptional Family Member Program?
(If Yes, explain)

Yes No

MEDICAL HISTORY

	YES	NO		YES	NO
1. Any hospitalization or operations			14. Heat stroke or exhaustion		
2. Allergies to medicine, insect bites or food			15. Broken bones or sprains		
3. Speech or development delays			16. Joint injuries (Ankle/Knee/Wrist)		
4. Vision Problems (Glasses / Contacts)			17. Required restricted physical activity		
5. Ear or hearing problems			18. Diabetes		
6. Seizures or Convulsions			19. Cancer		
7. Dizziness or fainting with exercise			20. Dental or orthodontic braces		
8. Headaches			21. Learning problems		
9. Head injury or loss of consciousness			22. Sleep problems		
10. Neck or back injury			23. Behavioral problems		
11. Asthma or difficulty breathing			24. ADD / ADHD		
12. Heart or blood pressure problems			25. Autism Spectrum Disorder		
13. Chest pain with exercise			26. Other (please list below)		

If you answer yes to any of the above, please explain:

Ongoing Medications

Name	Dosage	Frequency

Allergies – All Types (Foods, Medicines and Insect Bites)

Type	Reaction

PART B: Physical Exam				
Medical Staff Assessment (Completed by licensed independent practitioner: Doctor-Dr., Nurse Practitioner-NP, Physician's Assistant-PA)				
Age YRS	MOS	Height _____ cm. (_____%ile)	Weight _____ kgs. (_____%ile)	
BP:	/	Visual Acuity Right / Left /	Tested with / without glasses	
P:				
	NORMAL	ABNORMAL	N / A	COMMENTS
1. Eyes				
2. Ears, Nose & Throat				
3. Hearing				
4. Mouth & Teeth				
5. Neck (Soft tissues)				
6. Cardiovascular				
7. Chest & Lungs				
8. Abdomen				
9. Genitalia – Hernia				
10. Skin & Lymphatics				
11. Spine – Scoliosis				
12. Extremities				
13. Neurological				
14. Wears braces / plates				
Based on this HX and PX exam, the following abnormalities were found and may need treatment:				
Immunizations are current and up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No				
PARTICIPATION RECOMMENDATIONS				
<input type="checkbox"/> All sports _____ Yes _____ No		<input type="checkbox"/> Normal physical activity to including PE		
<input type="checkbox"/> Additional comments:		<input type="checkbox"/> Restrictions:		

Sports Physical is valid for 1 year from date indicated below

PART C		
Special Medical Considerations: Describe any special program needs, considerations or restrictions which the child requires in order to participate in CYS programs (to include Sports).		
Child / Youth is able to participate in normal CYS programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Licensed Health Care Professional Stamp	Licensed Health Care Professional; Dr., NP or PA Signature
Initial Date	Type or print name of Parent or Guardian	Signature of Parent or Guardian

HASPS Renewal (Not Part of the Sports Physical)

Year 2 Date	Health Status Changed	Signature of Parent or Guardian
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Year 3 Date	Health Status Changed	Signature of Parent or Guardian
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
CYS SERVICES PROGRAMS HEALTH/DEVELOPMENTAL SCREENING**

For use of this form, see AR 608-75; the proponent agency is ACSIM.

Installation: _____

SNAP Case Number: _____

PROOF

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

FOR POS COMPLETION ONLY

<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Re-registration/already in program	Date in from Patron: _____
On waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Program	Date out to APHN: _____
Date care needed? _____	<input type="checkbox"/> Change in Condition	

PART A - GENERAL INFORMATION (Parent completes)

Child/Youth's Name	Child/Youth School Grade (example: 3rd Grade)	Date of Birth (YYYYMMDD)	Age
Type of Program Requested (check all that apply):			
<input type="checkbox"/> Hourly Care	<input type="checkbox"/> Full Day Care	<input type="checkbox"/> Middle School/Teen Program	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Part Day Care	<input type="checkbox"/> Before/After School Care	<input type="checkbox"/> SKIES/Instructional Classes	<input type="checkbox"/> Sports
Sponsor Name		Sponsor Email (AKO)	Sponsor SSN (Last 4 digits)
Spouse Name		Spouse Email	Sponsor DOB
Home Phone	Cell Phone	Sponsor Unit	
Home Address		Sponsor Duty Phone	

PART B - CHILD / YOUTH MEDICAL / DEVELOPMENTAL CONDITIONS (check yes or no)

Does your child/youth have:

1. Asthma/Reactive Airway Disease/Breathing Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Emotional problems/difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does it require a rescue medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Autism Spectrum Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Developmental Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does it require a rescue medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Visual problems/difficulties not corrected by glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Dietary Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Hearing problems/difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> a. Medically-based <input type="checkbox"/> b. Religiously-based	13. Speech/language delays? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Other developmental delays? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Epilepsy/Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Attention Deficit/Hyperactivity Disorder (ADD/ADHD)? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Other medical condition or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is your child/youth prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
7. Diagnosed Behavior/Conduct concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Is your child/youth prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART C - MEDICATIONS

List any medications that are prescribed for your child/youth:

Will your child require medication administration during child care/youth supervision hours? Yes No

Child/Youth's Name: _____

PART D - EARLY INTERVENTION AND SPECIAL EDUCATION

Does your child/youth receive special services/therapies? Yes No
If yes, please specify:

Does your child/youth have an:

- a. Individualized Education Plan (IEP) Yes No
b. Individualized Family Service Plan (IFSP) Yes No
c. 504 Plan Yes No

PART E - EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

Is your child enrolled in the EFMP? Yes No
If yes, specify for what condition:

If you have answered NO to all the questions above or YES to ONLY Part B, 3b., sign and date below, indicating that the information above is accurate and complete to the best of your knowledge.

Printed Name of Parent/Personal Representative of Child/Youth	Signature of Parent/Personal Representative of Child/Youth	Date (YYYYMMDD)
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If you answered YES to any of the questions above (OTHER THAN PART B, 3b.), complete Part F below.

Child, Youth and School Services strives to provide the safest and healthiest environment for your child/youth and relies on your accurate and honest information to support this goal. Please understand that placement and/or care for your child/youth could be delayed/suspended if information is falsified or intentionally omitted on registration documentation. If there are any changes to your child/youth's health status please notify CYS Services immediately.

PART F - RELEASE OF INFORMATION

Is this child/youth currently covered by TRICARE or other military health care? Yes No

I authorize _____ to release any medical information regarding my child
(name of Medical Treatment Facility or physician's practice)

_____ to the _____
(name of child) *(name of installation)*

Child, Youth & School (CYS) services and Multidisciplinary Inclusion Action Team (MIAT) personnel, are necessary to conduct a MIAT review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the MIAT team on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025, 18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Printed Name of Parent/Personal Representative of Child/Youth	Signature of Parent/Personal Representative of Child/Youth	Date (YYYYMMDD)
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Statement of Understanding
SKIESUnlimited Instructional Programs

Enrollment & Fees:

Fees for the following month's lessons must be paid in full by the 25th of the current month. If payment is not received by the 25th, your child's space in class will be lost if there is a wait list. You may request to be added to the bottom of the wait list if this occurs.

Refunds:

Refunds will not be authorized unless a family is PCSing, deploying, or the student is unable to participate in classes due to medical illness or injury. Documentation will be required to be provided to Parent Central Services (PCS).

Supervision:

All children & youth under the age of 10 years, must be accompanied by a parent or legal guardian during SKIES Instructional classes. Accompanying guardians will be expected to wait in the Parent Waiting Area while student is receiving instruction. If siblings or other guests are present, they will be expected to also sit in the waiting area and behave in a manner so as not to disrupt classes.

Food & Drinks:

Due to the fact that there are students with severe allergies and dietary restrictions, food and drinks are not allowed in the classroom, with the exception of water.

SKIES Class Information:

Please ask a Parent Central staff for the SKIES class brochure for specific information about the program that you are interested in.

Class Cancellations:

Please check for class cancellations on our USAG Humphreys CYS Facebook page. Also, please remember to read the "Special Comments" section to also check for projected class cancellations.

Release & Hold Harmless:

I hereby release the USAG-Humphreys Child, Youth and School Services and the United States Government from any liabilities or claims arising from my child's participation in a SKIESUnlimited program. I agree to release, waive, indemnify, promise not to sue, hold harmless the U.S. Army, its agents and employees, for any loss, damage, or injury to my person or property that may occur as a result of taking part in this activity. I also agree that I may be held liable for any damage or loss to government property that is caused by negligence, willful misconduct or fraud. I understand that if my child is enrolled in the CDC or SAC programs, it is my responsibility to ensure that my child is signed in/out and transported to and from SKIES classes.

My signature below certifies that I have read, understand, and agree to abide by the above SKIES Unlimited Instructional Program's policies and expectations.

(Printed Name)

(Signature)

(Date)



Parents' Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth - not for adults.

I will do my very best to make youth sports fun for my child.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Sponsor Signature

Date

Spouse Signature

Date