



CYS Services: Middle School/Teen



Transportation Agreement & Medical Consent SY 2021-2022

Youth's Name: _____
 Grade Completed: 6th 7th 8th
 School: _____
 Start Date: _____

Before School After School Before and After School

INITIAL

My youth must participate in the Middle School and Teen (MST) Before/After Program on a regular basis (at least 80% of the time) to maintain a seat on the bus.

It is my responsibility to inform the school that my youth is riding the bus to/from the Fort Jackson MST Program.

It is my responsibility to inform the MST Program if my youth will NOT be picked up from school on any day. I will notify the MST Program by noon.

In order for my youth to receive breakfast at the Middle School Program, he/she must be in attendance no later than 06:20 a.m. for Richland District 1 & Richland District 2.

In order for my child to be transported to school, my youth must be signed in at the Imboden Child Development Center prior to 06:30 a.m. for Richland District 2 and prior to 06:30 a.m. for Richland District 1.

If my youth attends Pinckney, Dent Middle or Richland Northeast, it is my responsibility to arrange for transportation after school from CCP/Dent/RNE to the Fort Jackson Middle School Program with Richland District 2 transportation. (NOTE: Transportation is provided only for youth zoned for Dent Middle School/Richland Northeast High School)

AM Care includes extended hours before 1300 on half days, school out days, school delays & Spring/Fall break at no charge. Occasional user hourly fees (\$5.00) apply to youth needing five or fewer hours/week of accountable supervision before 1300 hours (ex. school half days). Youth hourly fees may not exceed five hours per week. Occasional user daily fees (\$20.00) applies to occasional users needing supervised programming before 1300 on all school out days.

I understand that there is a zero tolerance policy on Youth watching inappropriate videos on their cell phones. In addition, all Youth must wear headphones while using cell phones on the bus.

I give consent for an authorized CYS Services staff member to take my child/children for medical or dental care, in an emergency situation where the child's 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 borne by me. Treatment at an Army facility may be provided without additional consent under provision of AR 40-3, paragraph 3-19.

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| My youth has permission to watch rated PG13 movies. | YES | NO |
| My youth has permission to play rated Teen video games. | YES | NO |
| My youth has permission to SIGN OUT of the youth center. | YES | NO |

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date