



REGISTRATION PACKET

SCHOOL YEAR 2011-2012



For your convenience, here is a checklist of forms needed prior to turning packet in.

1. _____ 2011-2012 School Year Contract
2. _____ Credit Card Authorization form for automated payments
3. _____ Fill out AF Form 1181, *Air Force Youth Flight Program Patron*
 - ***All existing AF Form 1181s, for the summer program must be reviewed and updated; new AF Form 1181's are required for youth who are not currently enrolled in the School Age Program.***
4. _____ Completed DD Form 2652, *Application for Department of Defense Child Care Fees*
 - *Current fees will be adjusted accordingly when SY2011/2012 fees are established and approved by 31 MSG/CC*
5. _____ Current Copy of Immunization Records
6. _____ AF Form 357, *Family Care Certification* (required for single-parent/dual military)
7. _____ Copy LES for BOTH sponsor and spouse
8. _____ Power of Attorney for medical release on field trips.
9. _____ Any Special Needs Information/ Documents

SAP Parent Meeting will be held on 24 August 2011 in the Café at 1730 for rising 1st grade students and older. Kinder Parent Meeting will be 31 August 2011 at 1130.



**CHILD AND YOUTH PROGRAMS FLIGHT
PAYMENT AGREEMENT AND CREDIT CARD AUTOPAY AUTHORIZATION**

Name of Child(ren):

Name of Sponsor:

Email Address:

Duty Phone:

Home Phone:

Fee Category:

Program Site: (select all that apply)

CDC Area I

CDC Area FL

Youth Programs

Program Services: (select all that apply)

Full Day CDC

Part-day Preschool

Hourly CDC

Before School

After School

Before & After

Instructional Classes

Payment Schedule:

1st & 15th*

Monthly * (Beginning of month)

Child's Name _____ schedule payment amount _____

Child's Name _____ schedule payment amount _____

Child's Name _____ schedule payment amount _____

Child's Name _____ schedule payment amount _____

** you will be notified if schedule payment is altered due to credits or additional fees prior to charge.

Type of Card: Club Card Master Card

Visa

Mastercard

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CVC Code(3 digit code on back of card):

EXPIRATION DATE (MM/YY):

Billing Address Zip Code

CARDHOLDER NAME (as it appears on the card):

By signing below, I authorize the Child Development Center or Youth Center to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 101-189, Section 1504; E.O. 9397.

PRINCIPAL PURPOSE(S): To collect total family income data to determine child care fees.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in placement in the highest fee range.

SECTION I - DEPENDENT CHILDREN

To determine child care fees for your child(ren), or any child(ren) you legally claim as dependent(s), you must complete, sign and return this form to the director of the program you are applying for. Fees will be determined based on your total family income as defined below. If you do not wish to disclose your total family income, your rate will be set automatically at the highest fee level.

1. NAME OF EACH CHILD (LAST, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. AGE	4. CARE REQUESTED
a.			
b.			
c.			
d.			
e.			

SECTION II - ANNUAL FAMILY INCOME (To be completed by sponsor. Include all military and civilian earned income for sponsor and spouse.)

Enter your annual income data as requested; e.g., multiply the most recent monthly income by 12 or if paid on a biweekly income, enter the most recent biweekly income and multiply by 26. For purpose of determining child care fees in DoD Child Care program, total family income is defined as all earned income including wages, salaries, tips, long-term disability benefits, combat pay and voluntary salary deferrals. Include all earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, etc., before deductions for taxes, social security, etc. Include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind. For dual military living in government quarters include BAH-II of senior member only. Include anything else of value, even if not taxable, that was received for providing services. DO NOT INCLUDE cost of living allowance (COLA) received in high cost areas, alimony and child support, temporary duty allowances or reimbursements for educational expenses.

5. SPONSOR

a. NAME (LAST, First, Middle Initial)	b. SSN	c. YEARS OF MILITARY/CIVIL SERVICE	
d. INCOME			
(1) BASE PAY (Most recent leave and earnings statement)	(2) BASIC ALLOWANCE FOR HOUSING (Or in-kind equivalent) (Annual chart of minimum BAH-II)	(3) BASIC SUBSISTENCE ALLOWANCE (Or in-kind equivalent)	(4) OTHER EARNED INCOME AS DESCRIBED ABOVE

6. SPOUSE

a. NAME (LAST, First, Middle Initial)	b. SSN	c. YEARS OF MILITARY/CIVIL SERVICE
d. INCOME		

7. OTHER EARNED INCOME AS DESCRIBED ABOVE

8. TOTAL INCOME FOR SPONSOR, SPOUSE, AND OTHER

SECTION III - CERTIFICATION OF SPONSOR (Required for Category I - IV. Please read the following statement carefully before signing.)

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

9. SIGNATURE OF SPONSOR*	10. SIGNATURE OF SPOUSE	11. DATE SIGNED (YYYYMMDD)
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*If signature is missing, the fees will automatically be placed at the highest level.

12. TELEPHONE NUMBERS (Include Area Code)		13. HOME ADDRESS (List apartment number and 9-digit ZIP Code)
a. HOME	b. WORK	
(1) SPONSOR		
(2) SPOUSE		

SECTION IV - FOR CHILD DEVELOPMENT CENTER USE ONLY

14. CATEGORY OF APPROVAL	15. AUTHORIZED FEES
16. DATE OF APPROVAL (YYYYMMDD)	17. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL

AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101; EO 9397

PRINCIPAL PURPOSES: To provide Youth Flight Programs with authorization for medical treatment in emergency situations; authorization for field trips; identify children and sponsor, record required immunizations; record known allergies; record income data; record special needs requirements; and record special instructions.

ROUTINE USES: Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, state or local governmental agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to furnish information, including SSN, will result in denial of admission of child(ren) to Youth Flight Programs. SSN is used for positive identification of individuals and records.

CHILD'S NAME		SPONSOR (Last, First, Middle Initial)				SPOUSE (Last, First, Middle Initial)				FEES							
HOME PHONE		RANK/GRADE				RANK/GRADE				DEROS/ID EXPIRES							
ADDRESS		DUTY PHONE				DUTY PHONE				BRANCH OF SERVICE							
		ORGANIZATION				EMERGENCY CONTACT				EMERGENCY PHONE							
MARITAL STATUS		SPONSOR'S SSN				SPOUSE'S SSN				HOSPITAL PHONE							
										PHYSICIAN'S NAME							
VACCINE / DATE RECEIVED		BIRTH	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	4-6 YRS	11-12 YRS	14-16 YRS	SEX (X One)	MALE	DATE OF BIRTH (Day, Month, Year)			
													FEMALE				
Hepatitis B												I authorize emergency treatment for the children named hereon:					
1st		Hep B-1															
2nd																	
3rd		Hep B-2		Hep B-3						Hep B							
4th																	
Diphtheria-Tetanus, Pertussis												SIGNATURE		DATE (YYYYMMDD)			
1st																	
2nd				DTP		DTP		DTIP		DTP						DTP OR DTAP	
3rd																	
4th																	
5th																	
6th																	
H. influenzae type b												SPECIAL INSTRUCTIONS					
1st																	
2nd																	
3rd		Hib		Hib		Hib		Hib									
4th																	
Polio												SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES					
1st																	
2nd																	
3rd		OPV		OPV		OPV				OPV							
4th																	
Measles, Mumps, Rubella																	
1st						MMR				MMR OR MMR							
2nd																	
Varicella Zoster Virus Vaccine																	
1st						VZV				VZV							
2nd																	
OTHER IMMUNIZATIONS AS REQUIRED:				NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:				ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT									
VACCINE TYPE:		DATE:															
VACCINE TYPE:		DATE:															
VACCINE TYPE:		DATE:															
FAMILY INCOME (Adjusted gross--most recent 1040): PROVIDE ONLY IF REDUCED FEES ARE REQUESTED.								AUTHORIZATION FOR FIELD TRIPS									
\$ _____		SINGLE / DUAL INCOME (Circle One)		\$ _____													
PARENT SIGNATURE								IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.									



Parents,

In the School Age Program, the children are allowed to watch movies upon approval of the counselor and hallway supervisor. We have traditionally only played G rated movies on the School Age hallway. Due to changes in rating restrictions, it is becoming increasingly difficult to find G rated movies to play in the program. We would like to request permission for your child to watch a PG rated movie while in the School Age Program. We take very seriously our role to provide a positive and nurturing environment for your children to play, grow and learn. The movies will be chosen with strict discretion and will be age appropriate for all children in the program.

Please feel free to contact the School Age Coordinator with any questions or concerns regarding the issue.

Sincerely,

Katie Reynolds
School Age Program Coordinator

I, _____, give permission for my child(ren)

to watch selected PG rated movies while enrolled in the Aviano School Age Program.

Signature

Date

----- OR -----

I, _____, **DO NOT** give permission for my child(ren)

to watch selected PG rated movies while enrolled in the Aviano School Age Program.

Signature

Date



Child's Name: _____ Grade in Fall 2011: _____

Circle One: **Before only** **After Only** **Before and After School**

Please read and initial the following contract agreement items:

_____ **1. PURPOSE:** The purpose of the School Age Program is to serve the needs of families geographically located at Aviano, Italy. It is our mission to provide a full range of community based before and after school and summer programs that provides a safe, supervised, healthy, age appropriate environment for children ages 5-12. Our program supports success in school and promotes multicultural appreciation, literacy, recreational and leisure activities, community involvement and the arts.

_____ **2. ELIGIBILITY/ENROLLMENT:** Sponsored family members of active duty and/or DOD Civilians are eligible for enrollment. Children must be currently enrolled at Aviano Elementary School are eligible for the School Age Program. Children enrolled in an asilo will not be allowed as transportation is not available, and staff will not be available at times asilos are not in session.

_____ a. I understand choosing Before Care ONLY will **NOT** guarantee a spot during half school days and non-school days. I will be allowed to reserve care on those days and will be given a spot **IF** there is a spot available.

_____ b. I understand choosing Before AND After care will guarantee a spot during half school days and non-school days.

_____ c. I understand choosing After Care Only will guarantee a spot during half school days and non-school days.

_____ d. Care during Winter Break, Spring Break, and Summer Break is reserved separately.

_____ **3. ENROLLMENT PRIORITY:** Priority will be given according to the Priority Enrollment for Waiting List Families dated 21 November 2000. It is the responsibility of the sponsor to notify the front desk any changes to employment or student status, so patrons from the waiting list will be eligible for enrollment. Parents of priority 3 or 4 status may be bumped with a written two week notice, if a waiting list exists for a priority 1 or 2. If an employment status changes, fees will be recalculated to include both incomes to avoid being bumped for patrons currently on the waiting list.

_____ **4. FEES INFORMATION:** The Military Child Act of 1989 (Public Law 1809, Section 1504) requires the Department of Defense (DOD) establish uniform fees for childcare based upon total family income. Parents enrolling their child in contracted care are required to bring the current month's copy of their sponsor's Leave and Earnings Statement (LES) and a current month's copy of the souse's pay statement to certify total family income, whether taxable or not. Total Family Income is defined as wages, retirement pay, salaries, tips long-term disability benefits, voluntary salary deferrals, quarters allowance and subsistence allowances in-kind quarters and subsistence received by military member and special duty pay for services. Quarters allowances mean the Basic Allowance for Housing (BAH) and Basic Allowance for Subsistence (BAS) received by military

personnel (with respect to grade and status) and the value of meals and lodging furnished in-kind to military personnel residing on military bases.

_____ **a.** Fees are determined by completion of DD Form 2652 and based on a sliding scale. There will be no credit or refunds given for illness, inclement weather, disciplinary suspension, emergency closings, and federal holidays or days parents choose not to bring their child to the program.

_____ **b.** All fee payments will be automated using the credit card authorization form. You may designate for the payments to be withdrawn fully on the 1st or split between the 1st and 15th. If you are a patron who is continually late on payments the School Age Program Coordinator reserves the right to issue a written two week notice, to allow for patrons on the waiting list to be served. The sponsor is held liable for fees, regardless of whether the space is used during the two week termination. If an automated payment is declined, you will be notified immediately via e-mail. You will have a two-day grace period to ensure payment is made. If the payment is not made, a \$25.00 late fee will be assessed. If payments are not received by the fourth business day, the 1st Sergeant or Commander may be contacted.

_____ **c.** ALL late fees (including care in excess of 10 hours, after closing hours pick up- generally 1800, etc.) must be paid by the next scheduled payment date. A late fee of **\$1.00 per minute per child** (after the established "grace" period or in extenuating circumstances as determined by the School Age Coordinator) will be assessed for all children remaining in the center after established closing hours- -generally 1800. Example: A child picked up at 1810 would be assessed a \$10 late fee.

_____ **d.** Fees are posted on the parent information board and are available at the front desk.

_____ **e.** Fees for the School year 2011-2012 are subject to an increase based on the annual Department of Defense fee policy to be released at a later date.

_____ **f.** The SA program is open by **reservation only with appropriate documentation submitted** on Aviano Family/Down days. Fees will be prorated for families not using the program on those days. The center will be closed on all federal holidays; fees are not prorated.

_____ **5. CREDITS/REFUNDS:** Credit will be given for natural disasters only as determined by the Force Support Squadron Commander. Partial attendance or weeks in which holidays occur will not be prorated. For emergency leave or deployment that would take your child away from the program suddenly, a copy of order/leave verification must be provided to the program. Emergencies and special circumstances for waiver or partial/full refund will be considered on a case by case basis. Failure to provide verification will result in an automatic financial responsibility for the full amount of care even if the child did not attend during this time. There is no credit or reduction for TDY. Staff will make every effort to assist you with escorting your child to instructional classes within the facility. Supervision to classes is not a guarantee, there will be no refund if a class has been missed. Front desk staff is not authorized to refund from the cash register. If a refund is granted, credit cards will be credited or a transfer to the following week of care may be permitted.

_____ **6. DAILY TEN-HOUR CHILDCARE LIMIT:** The contract fee is based upon ten hours per day, five days a week. Care of children beyond ten hours per day is not authorized except during readiness exercises, and real world emergencies. Parents routinely needing to exceed the 10-hour rule should apply for a waiver through the Mission Support Group Commander. Waiver request formats are available at the front desk. If approved, fees will be charged at the hourly rate for the family's category for each additional hour or part thereof, if it exceeds the 50 hours per week. Parents who do not have an approved waiver will be charged the hourly fee of \$3.00 per child in excess of 50 hours per week.

_____ **7. HOURS OF OPERATION:** The SA Program operates M-F from 0630-0800 and 1430-1800. On “non-school” and full days out, the SA Program operates from 0630-1800.

_____ **8. EXERCISE HOURS:** Extended care may be offered to support a wing wide exercise during the week and only by reservation. A \$5/day non-refundable deposit is required and will be used to schedule staff to support requests. In the event care is reserved and not utilized, exercise care may no longer exist. The current hours for extended care are from 0530-0630 & 1800-1900. Any child not signed up for care prior to use, will be expected to follow guidance in accordance with late fees.

_____ **9. PARENT INFORMATION:** It is the responsibility of the parents to keep an updated e-mail address with the School Age Coordinator as this is the primary method of communication. In addition please check the Parent Information Board located in the School Age hallway adjacent to the locator board. The Parent Information Board is used to offer information of field trips, program policies, special events, parent volunteer opportunities about our Parent Advisory Committee (PAC) meetings. The primary function of the PAC is to enhance parent participation and education, develop an annual parent involvement plan, and to improve programming in the CDC/SAP/YP.

_____ **10. SIGN IN/OUT PROCEDURES:** The AF Form 1930 must be signed by an authorized individual each day as the child enters and/or leaves the program. The person signing in/out the child must be listed on the AF Form 1181 and must present proper identification upon request. Children under 9 years of age must be signed in and out by a parent, other designated adult, or sibling 14 years old or older. Children must be 9 years of age and have written consent from a parent/guardian to sign themselves in/out of the program. Once they are signed out they must have a designated place to go where the parent assumes the responsibility of the child. There will not be return privileges when a child signs themselves out for that particular day. A form giving such consent may be obtained at the front desk.

_____ **11. FIELD TRIPS:** Field trips are a component of the program along with winter and spring break camps. Departure and arrival times will be posted prior to the field trips. Typically parents/guardians give permission for field trips on AF Form 1181. In Italy every family needs the Power of Attorney (POA) signed by the legal office specifically outlining medical care is authorized. A copy of the form can be picked up from the front desk and taken to legal to be signed. Any family who does not maintain a medical POA or who does not wish their child to participate in field trips must make alternate arrangements prior to the departure of the rest of the group. There will be no refunds upon looking for alternate care. If parents have not notified they need their child to not attend the field trip (pre-scheduled appointment/other) the child will be taken on the field trip due to staffing abilities. Equally if the parent is dropping off late and the field trip has already left; the program will make every effort to accommodate. However, if arrangements cannot be made the parent may need to find alternate care or transport their child to the field trip location.

_____ a. I understand field trips are a privilege for my child. If my child’s behavior is less than favorable, I understand that my child may not be able to attend field trips. Field trips include any activity outside of the building. If space is available, I may be asked to accompany the child at my own expense.

_____ **12. HIGH RISK ACTIVITIES:** An adequate number of staff must always be present to protect children’s health and safety, ensure children have opportunities to interact with adults, and receive proper care in order to participate in developmental activities. The adult to child ratio for children ages 5-12 years old is 1:12. Ratios for high-risk activities are 1:8, varying according to the nature of the activities. The adult leader will give safety instructions specific to the activity.

_____ **13. ABSENCES:** If your child will not be attending after school programs, please notify SAP by 1300 hours. If your child cannot be located after school and you cannot be reached by phone, your first sergeant/supervisor will be contacted to help account for your child's whereabouts. If your child does not meet the Program Assistants after school we will depart to the program, but will continue to attempt to contact you.

_____ **14. HEALTH AND HYGIENE:** The program will not accept children into care who are exhibiting signs of illness in accordance with Caring for Children. The child must be picked up within one hour from the time the parent is called. Parents unable to pick up the child within that time will need to make alternate arrangements to have the child picked up from the program within the required timeframe. Children sent home for illness may return in accordance with the Aviano Family Member Program Exclusion/Inclusion Policy. If your child does not feel well enough to participate in program activities the child should stay home until they are able to partake in activities. Good health and hygiene practices must be observed to protect the children participating in the program. To reduce the spread of germs, children are encouraged to wash their hands often. If you would like your child to brush their teeth after meals, send a toothbrush in a toothbrush holder and toothpaste. Both items must be permanently labeled and kept in the child's cubby.

_____ **15. MEDICATION:** Only task certified staff members will administer medication. Parents will be required to complete AF Form 1055 daily, indicating when medication is to be administered. Medications will not be administered if the AF Form 1055 has not been initialed for that day. Medications accepted on an "as needed" basis require the daily authorization from parents in the event the medication should need to be given. If authorization has not been given, the parent will be phoned to receive authorization and it will be annotated on the AF Form 1055. If the parent cannot be reached, the child's medical provider will be contacted. All medication must be in the original container, have the following information on the prescription label: name of physician, date filled, prescription number (except meds from the ER), child's name, dosage amount and frequency, ending date (ex. Use for 10 days or until completed). Prescriptions must be current. An annual AF Form 1055 must be completed for an epi-pen, lip balm and hand lotion. The program will keep all prescription items in locked area. If your child should need lip balm or hand lotion they may ask for it prior to field trips to apply it themselves under direct supervision of an adult.

_____ **a.** I authorize the use of Rocky Mountain Sunscreen SPF 50 for my child within the program. All exceptions require a medical note.

_____ **16. EXTRACURRICULAR ACTIVITIES:** Due to accountability reasons, parents of children who participate in extracurricular activities which prevent the child from arriving at the designated meeting point after school are responsible for escorting their child back to the program at the end of the activity. Parents must notify the front desk of children participating in extracurricular activities by 1300 on the activity day. For recurring activities, a daily call is not necessary; however, the parent must put in writing the dates and times of such activities for accountability purposes.

_____ **17. DRESS CODE:** Due to safety reasons, shoes are required to have closed toe and a strap on the back. Washable play clothes are recommended. Spaghetti strap, halter- top, and strapless shirts are prohibited. A change of clothes, to include undergarments in case of accidents, is also recommended and may be kept in the child's cubby. The SAP will not be responsible for lost or damaged clothing. *All items must be marked with your child's first and last name in permanent ink.*

_____ **18. PERSONAL ITEMS:** We discourage youth from carrying valuables, including large amounts of money or other personal belongings such as cell phones. If large amounts of cash or cell phones are brought to the program they may be confiscated to prevent potential problems. While we make every effort to ensure each child leaves any location with all their belongings, some things are inevitably left behind. Labeling items helps when returning them to owners. The program is not responsible for lost or stolen clothing, personal items or money.

_____ **19. ACCIDENTS:** Accidents will be reported on AF Form 1187, Youth Flight Accident Report. Parents will be required to read and sign the report. Depending on the nature of the accident, parents may be given a courtesy call regarding the accident.

_____ **20. GUIDANCE:** Parents of children exhibiting unsafe or harmful behaviors may be called and asked to not be permitted back the following day. The program staff, Training & Curriculum Specialist, and/or School Age Coordinator may be in contact with you to initiate an *Intervention Plan* to navigate steps for improving negative/challenging behavior. Repeated behaviors that jeopardize the safety of your child, other children, or staff may result in your child being temporarily suspended from the program or require that your family seek additional, specialized support services. Should your child continue to exhibit harmful or unsafe behaviors while on the plan, and/or the coordinator determines your child would be more successful in a different environment; your contract may be terminated with minimal notice. If your child has been suspended from the program, you are responsible for finding alternate care during that time. Refunds are not granted for disciplinary suspensions. For more information on guidance, please refer to the SAP Guidance Policy. Your support and reinforcement of safe behaviors will help staff and your child experience a more enjoyable, safe and rewarding time!

_____ **21. PHOTO RELEASE:** I hereby give permission for my child to be recorded/photographed while participating in the SAP. I understand this media may be used in specific reference to the SAP for training, promotion, publicity, or recognition of the program. SAP does not allow independent photographers to take photos of your child for personal use.

_____ **22. MEALS:** During regular school days, children will be served breakfast and snack. On full days out, the program provides breakfast, lunch, and snack. Meals are balanced, healthy and hot. Menus are posted and changes may occur due to non-availability of items. Meal service times are provided on the parent board. Please reference times your child has meal service to avoid missing food periods. All children will be served food according to the menu unless a physician's statement has been provided indicating dietary restrictions, appropriate substitutions, and length of special diet. Alternative food items will be served for children with special dietary requirements or religious preference with a certified letter from a medical professional or religious leader. All food will be provided unless the program is unable to purchase special diet items through normal channels, parents will be required to bring the items designated per the medical/religious professional letter.

_____ **23. TRANSPORTATION AGREEMENT:** We walk the children to and from school daily. Please ensure your child is dressed appropriately. Our path to the school is wheel chair accessible. Air Force and/or contracted vehicles may be used during field trips and are all access use vehicles. If children require a car seat or booster the program will provide one for safety purposes. Each vehicle is maintained monthly in accordance with our vehicle safety standards. The program requires the driver to have a valid GOV and AFI license. Each driver is accompanied with another staff to supervise youth during transport.

_____ **24. CANCELLATION POLICY:** A two-week written notice is required if a child withdraws from the SAP. Termination notices are available at the front desk. Failure to provide the required two-week notice will result in a charge for two weeks payment even if the child does not attend the program during such time.

_____ **25. INCLEMENT WEATHER:** For the safety of the children and the staff, the SAP will close at the discretion of base leadership. Please stay tuned to AFN, the base websites and Facebook pages for any announcements concerning the program.

_____ **26. PARENT INVOLVEMENT/COMMUNICATION:** Parents are always welcome to drop-in and visit their child(ren) for a meal, special activity, or just to observe. Parents are strongly encouraged to join the Parent Advisory Committee (PAC). The PAC meets quarterly and its primary function is to enhance parent participation and education, develop an annual parent involvement plan, and work together to improve programming and support to the SAP.

_____ **27. PROFESSIONALISM:** Professional behavior is expected at all times by both parents and staff. Cooperation and teamwork from parents, caregivers, and center management is needed to ensure program success. Parents are encouraged to communicate concerns regarding the care of their children to the classroom staff. If parents are not satisfied with the response they receive they should talk to the School Age Coordinator. Communicating concerns in a respectful manner and in private is preferred as opposed to talking in front of other adults and children. Profanity at any time in the program is unacceptable. If parents need a private area to hold a discussion there are places that can be used to accommodate these situations. Please see the SAP Coordinator for further guidance.

_____ **28. CONTRACT 2011-2012:** This contract supersedes **all** other contracts and will be valid until the 2012 Summer contract.

ADDITIONAL INFORMATION REQUIRED

Mom's Cell Phone _____

Dad's Cell Phone _____

*Email Address _____

- This email address will be used for the School Age distribution list. The distro list will be used to send out monthly newsletters and calendars, as well as other important notes to parents. More than one email can be added.

I have read and fully understand the terms outlined in this contract and the School Age Program guidelines. I agree to abide by all conditions and restrictions, and understand that no exceptions will be made. If I do not meet the financial obligations as defined above, I authorize the Youth Program to process a Military Pay Order (MPO) against me for fees owed. I further acknowledge that failure to comply with the terms of this agreement will result in termination of my child's care.

Sponsor's Signature (*Required)

Date

Spouse's Signature

Date

For Staff Use Only:

Packet Complete _____

Date Paid: _____

Staff Initials: _____