



JOINT BASE CHARLESTON SCHOOL CARE PROGRAM  
PARENT AGREEMENT  
SCHOOL YEAR 2020-2021

The Joint Base Charleston School-Age Program (SAC) offers programs before school, after school, before and after school, and all day during school holidays, teacher in-service days and during school vacations for elementary and middle school children, ages 5-12. Care is available from 6:30 AM – 5:00 PM. The program is closed for all Federal Holidays. Meals and/or snacks are provided to all children in attendance. This is a Peanut-Free facility. No outside food or beverages are allowed.

**To guarantee your child's space in the program all enrollment documents must be completed in their entirety and returned with a copy of your child's current immunization record no later than two weeks prior to the requested start date. Incomplete documents and/or late submissions will result in the space being offered to the next family on the waiting list.**

**A copy of each child's immunization (includes flu) or an exemption for medical/religious reasons approved by MSG Commander must be on file prior to attendance. Please contact the School Age Coordinator or Youth Program Director for additional information/assistance. Please note that medical/religious exemption can take weeks to be approved and that youth cannot attend the Youth Center until approved.**

**During the enrollment process, School Age Care personnel are required to gather information from families about required accommodations and support for children with disabilities, medical conditions, or specials needs. Information provided will be utilized to develop an Inclusion Action Plan (IAP) outlining how the program will meet the individual needs of the child to include changes to the environment, specialize staff training and required staff to child ratios. This plan, approved by the Child and Youth Program Medical Advisor, must be in place prior to attendance. This plan may take weeks for approval. Please contact the School Age Program Coordinator or Youth Program Director for more information.**

**ENROLLMENT DOCUMENTS INCLUDE:**

- Completion of AF Form 1181, Air Force Youth Program Patron Registration
- Completion of DD Form 2652, Application for Department of Defense (DoD) Child Care Fees (accompanied by sponsor's and spouse's current leave and earnings statement or documentation of full-time student status)
- Completion of credit card authorization
- Copy of child's immunizations (including a current flu shot)
- Special Needs Packet (if applicable)
- MFLC permission form for Active military families only
- Emergency Contact sheet

CHILD'S NAME \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Age at time of enrollment \_\_\_\_\_  
Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Program Requested:

\_\_\_\_\_ Before School Only \_\_\_\_\_ After School Only \_\_\_\_\_ Before & After School \_\_\_\_\_ Full Day

**Please read and initial indicating that you have read and understand the terms of this agreement as outlined below.**

\_\_\_\_ 1. Section 1793(a) of Title 10, United States Code requires DoD to prescribe uniform fee regulations for Military Child Development Centers and School Age Care Programs. Fees are based on total family income and apply to all children who attend on a regular basis. DD Form 2652, Application for Department of Defense Child Care Fees, is used to verify total family income annually. All families must complete the DD Form 2652 and show proof of income. Families with children concurrently enrolled in child development, family child care, or school age programs are entitled to receive a 15% multiple child discount. Families will pay the full fee for the first child (highest rate). Fees are charged for weeks in attendance and are not prorated for federal holidays, illness, missed days/vacation, or Program closure due to inclement weather/national emergencies or other times approved by the Mission Support Commander. Emergency situations are to be brought to the attention of the Program Director and will be handled on a case-by-case basis. Contractors and Space Available families will automatically be placed in the highest fee category.

\_\_\_\_ 2. Fees are payable prior to the week service is rendered and are due by close of business on Friday of each week. Payments are to be made with credit card only. Telephonic credit card payments are not permitted. I understand services may be suspended if fees, including late fees, are not paid in full.

\_\_\_\_ 3. All patrons utilizing Full Day Care are required to provide a credit/debit card number and agree to have the card charged for their child(ren) participating in the program. Failure to make payment will result in the credit or debit card being automatically charged Monday morning for the amount owed. Parents are responsible to update all credit card information. All Child and Youth Programs utilize the Orbital Virtual Terminal Program to process credit card payments. This system is an internet-based point of sale terminal that will authorize and settle "Card-Not-Present" transactions. All transaction data and applications are hosted through the Chase Payment Tech Solution server eliminating the need for programs to maintain a hard copy of our credit card information. This method ensures your credit card information remains secure. Declined cards/insufficient funds will result in a late fee assessment of \$5.00 per day per child.

\_\_\_\_ 4. I understand that I am responsible for maintaining my own childcare fee records for income tax purposes. Youth programs Tax ID # is **57-0406440**. Program will not provide childcare fee records.

\_\_\_\_ 5. A late fee of \$5.00 for the first five (5) minutes or any portion thereof is assessed for each child picked up after closing. An additional \$1.00 per minute will be charged for each child after the first five (5) minutes. Payment of late fees is due the next business day. Note: The Extended Duty Care Program is available to help parents with child care

emergencies when they arise. Parents are encouraged to contact the Family Child Care Office at 843-963-2546 for more information.

\_\_\_\_ 6. A two week written notice is required, in advance, for withdrawal or cancellation of any weeks requested on this contract. Notice should be turned in to the front desk of the program in which your child is enrolled.

If notice is not received in advance, payment for the two weeks is required regardless of attendance; prorates and/or refunds will not be given. Cancellation of weeks in MCC will not be accepted in lieu of the above process.

\_\_\_\_ 7. **I understand I am responsible for paying full day rates for Spring Break and Winter Camp whether my child attends these days or not.**

\_\_\_\_ 8. Defense civilian employee sponsors with children enrolled in DoD subsidized child care programs are subject to the requirements of Internal Revenue Code (IRC), Title 26, United States Code, section 61 and title 26, Code of Federal Regulations, section 1.61-1. The IRC requires child care subsidies generally be treated as case income in addition to normal earnings. Each civilian sponsor must register with the Third Party Administrator (TPA) contracted by DoD to administer the Defense civilian child care subsidy program. Active duty service members are not impacted as they receive an exclusion from taxes for benefits under dependent care assistance programs in the Military Family Tax Relief Act.

\_\_\_\_ 9. For after school patrons only, I agree to notify the Program of any days that my child will not be in attendance as soon as I become aware. I further agree to notify the Program NLT 1:00PM in the event that I pick my child up from school.

\_\_\_\_ 10. I understand eligibility for care is determined by my employment and my spouse's status (employed, seeking employment or enrolled in an accredited post-secondary institution). I further understand it is my responsibility to notify the program of any change in our status; and that my spouse must verify that he/she is seeking employment or is enrolled in a post-secondary institution every 90 days. I understand a change in eligibility may result in a loss of care.

\_\_\_\_ 11. **I grant/do not grant** (circle one) my child(ren) 9 years and older to sign himself/herself in/out of the Program. I understand that by authorizing my child(ren) to sign out of the School-Age Program he/she may leave the facility at any time. I further understand that any restriction (i.e. requiring my child to remain in the facility, attend open recreation, or sign out on 1930 to go home for the day) is considered an agreement between myself and my child(ren) and not the Joint Base Charleston School-Age Care Program.

\_\_\_\_ 12. **I grant/do not grant** (circle one) the Joint Base Charleston School Age Care/Youth Program permission to make and/or have made, publish, reproduce, use and reuse photographs, videos, closed circuit television (CCTV) recordings or likenesses of my child listed in this agreement, in which my child appears with or without his/her name; and to circulate and use the same for educational, program promotional to include but not be limited to local publications (i.e. base newspaper, flyers, Breeze, etc.) or investigative purposes. I further agree to hold Joint Base Charleston School Age Care/Youth Program harmless for any claim, action and damages based on a violation or alleged violation of these representations. All photographs, negatives, prints, transparencies, slides, videos, CCTV recordings and reproductions made by the Joint Base Charleston Youth Program shall be the exclusive property of the government.

\_\_\_\_ 13. **I grant/do not grant** permission for my child to participate in high risk activities (i.e., sewing, swimming, wood working, cooking, using hot implements such as an iron, etc.) while in attendance. I understand my child will receive proper instructions prior to participating in the activity and that the staff-to-child ratio may be adjusted.

\_\_\_\_ 14. I understand that my child must wear **closed-toed shoes** while in attendance in any School Age Care/Youth Program sponsored program.

\_\_\_\_ 15. I understand if I'm called to pick up my child due to sickness, I must pick up or make arrangements to pick up my child within 1 hour of notification. Failing to do so will result in program personnel contacting the authorized emergency contact and/or sponsor's unit for assistance.

\_\_\_\_ 16. I understand all incidents of suspected child abuse or neglect will be reported to the appropriate authorities. This includes but is not limited to leaving children under the age of 10 in a vehicle unattended.

\_\_\_\_ 17. I understand by signing this agreement I give my permission for insect repellent, sunscreen, lip balm, over the counter hand lotion, and hand sanitizer to be applied to my child when needed. I understand sunscreen, insect repellent, and hand sanitizer are approved by the Program Medical Advisor and purchased by the Program.

\_\_\_\_ 18. I acknowledge that Closed Circuit Television (CCTV) surveillance systems are in use in the facility and that recordings may be made regarding daily activities. Parents may view their child in real-time on the CCTV monitor located in the lobby. Once recordings are made, the recording becomes an official Government records. Requests by parents for viewing a CCTV recording may be made, in writing, to the School Age Care Coordinator or Youth Programs Director. Obtaining copies of CCTV recordings should be submitted to the installation Freedom of Information Act Requestor Service Center, must be review by the installation legal office and approved by the appropriate release authority.

\_\_\_\_ 19. **I do/do not** give my permission to post my child's allergy information, with/without pictures, in each activity room where my child has meals/snacks, in the kitchen, and in books taken on field trips.

\_\_\_\_ 20. I understand that if my child's school enrollment for before school and/or after school drops below 5 children that I will be given a 30 day notice for transportation to/from this school to be terminated. I also understand that if I wish for my child/ren to remain in the program it will be my responsibility to get my child to the program in the afternoon.

\_\_\_\_ 21. To guarantee your child's space in the program all enrollment documents must be completed in their entirety and returned with a copy of your child's current immunization record no later than two weeks prior to the requested start date. Incomplete documents and/or late submissions will result in the space being offered to the next family on the waiting list.

\_\_\_\_ 22. This facility is a **no peanut** facility. Due to youth who have severe peanut allergies, we asked that no peanut products be brought into the facility at any time.

\_\_\_\_ 23. All patrons including children are required to wear face masks/covering while in the facility.

\_\_\_\_ 24. I understand that my child may bring in his/her Chromebook for educational purposes only. However, the School Age Program will not be responsible for any missing, stolen or damaged Chromebooks. I also understand that my child is not to bring in any personal toys or electronics. The School Age Program has a variety of toys, electronics and activities for my child to engage in while at the School Age Program.

By signing this agreement, I acknowledge that I have read and fully understand the terms set forth in this agreement; and have received a copy of this agreement and the Program Parent Handbook. I understand failure to comply with the policies/procedures as outlined in both documents may result in denial of care.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Base Charleston Youth Program Official

\_\_\_\_\_  
Date Signed

AF Form 1181, Air Force Youth Flight Program Patron Registration  
Instructions

**DO NOT FILL OUT! INSTRUCTIONS FOR NEXT PAGE**

1	CHILD'S NAME	Child's name - Last Name, First Name, Middle Initial
2	SPONSOR	Sponsor - Last Name, First Name, Middle Initial
3	SPOUSE	Spouse, if applicable - Last Name, First Name, Middle Initial Spouse, if not applicable - NA
4	FEES	Amount of weekly fee Staff completes this
5	HOME PHONE	Area code and telephone number of the sponsor (XXX-XXX-XXXX)
6	RANK/GRADE	Sponsor's Rank/Grade
7	RANK/GRADE	Spouse's Rank/Grade, if applicable - if not applicable - NA
8	DEROS/ID EXPIRES	Sponsor's - DEROS/ID Expires (DD-MM-YYYY)
9	ADDRESS	Sponsor's home address, include the street number, city, state, and zip code (Physical Address)
10	DUTY PHONE	Sponsor's duty /work phone (XXX-XXX-XXXX)
11	DUTY PHONE	Spouse's duty/work phone, if applicable - if not applicable - NA
12	BRANCH OF SERVICE	Branch of service for sponsor
13	MARITAL STATUS	Marital status of the sponsor (indicate married, single, separated, divorced, widowed, or widower)
14	ORGANIZATION	Organization of the sponsor Employer, Unit/command information
15	EMERGENCY CONTACT	Name of child's emergency contact - First Name, Last Name The emergency contact must be someone in the local area and cannot be a parent. *This must be not be sponsor or spouse.
16	EMERGENCY PHONE	Area code and telephone number of the child's emergency contact (XXX-XXX-XXXX)
17	SPONSOR'S SSN	Sponsor's LAST 4 OF SSN (XXXX) LAST FOUR ONLY
18	SPOUSE'S SSN	Spouse's LAST 4 OF SSN (XXXX) LAST FOUR ONLY, if applicable
19	HOSPITAL PHONE	Area code and telephone number to the hospital or medical treatment facility where the child would be taken for treatment (XXX-XXX-XXXX) 911 is fine to use
20	PHYSICIAN'S NAME	Name of Child's Physician (First Name, Last Name) Doctor's office ok
21	VACCINE/ DATE RECEIVED	<b>NO LONGER USING THIS SECTION - CURRENT IMMUNIZATION RECORD MUST BE ATTACHED - CDC only</b>
22	SEX (X One)	Indicate child's sex (male or female)
23	DATE OF BIRTH (Day, Month, Year)	Child's date of birth (DD-MM-YYYY)
24	I authorize emergency treatment for the children named hereon:	Print the child's full legal name - first name, middle name, and last name
25	SIGNATURE	*Signature of child's sponsor/spouse (or guardian)
26	DATE (YYYYMMDD)	Date form is completed (YYYY-MM-DD)
27	SPECIAL INSTRUCTIONS	Special instructions (if needed) If none, enter N/A
28	SPECIAL NEEDS CARE	Special needs care/chronic illnesses/allergies (if applicable) *if yes, see below!
29	NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:	List sponsor/spouse's other children enrolled in program Multiple children qualify for discount
30	ADULTS AUTHORIZED TO SIGN CHILDREN IN/OUT	List all (to include the emergency contact listed in block 15) authorized to sign child in/out of program (first name, last name) - parents do not need to list themselves
32	AUTHORIZATION FOR FIELD TRIPS	*Signature of sponsor/parent (or guardian)
31	FAMILY INCOME	Staff completes this
33	PARENT SIGNATURE	*Signature of sponsor/parent (or guardian)

\*Special needs care requires additional paperwork.

# 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)	DATE OF BIRTH (Day, Month, Year)			
												MALE	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															
3rd		DTP	DTP	DTIP	DTP				DTP OR DTAP	Td					
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:													
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.							

## INSTRUCTIONS

Per Department of Defense Instruction 6060.02, Child Development Programs, this form is utilized to determine fees for DoD Child Care Programs.

To determine child care fees for your child(ren), or and child(ren) you legally claim as dependents, this form must be completed, signed and returned to the facility for which your child is enrolling.

Fees are determined based on your Total Family Income (TFI) as defined below. TFI documentation is required for child care rate determination.

**Total Family Income (TFI)** - For the purpose of determining child care fees in DoD Child Development Programs, total family income is defined as all earned income including wages, salaries, tips, special duty pay (flight pay, active duty demo pay, sea pay) and active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including SSI paid to the spouse and VA benefits paid to the surviving spouse before deductions for taxes. TFI calculations must also include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind.

**DO NOT INCLUDE** alimony, and child support received by the custodial parent, SSI received on behalf of the dependent child, reimbursements for educational expenses or health and wellness benefits, cost of living (COLA) received in high cost areas, temporary duty allowances, or reenlistment bonuses.

For households in which unmarried couples or pairs are living as a family, the income for both adults should be used to determine Total Family Income (TFI).

Sections I, II, and III are to be completed by the sponsor or their designee.

### Section I.

1. Provide the last name, first name and middle initial for each child who is receiving care in a DoD child care program.
2. Provide the date of birth for each child who is receiving care in a DoD child care program.
3. Provide the age of each child on the date of application who is receiving care in a DoD child care program.
4. Provide the type of care being request or in which each child is currently enrolled.

### Section II.

When completing Section II, include all military and civilian income for both the sponsor and spouse or other adult living in the home.

- 5.a. Provide the sponsor's last name, first name and middle initial.
- 5.b. Provide the total years of military/civilian service as applicable.
- 5.c.(1) Provide your most recent income data and indicate if income is received weekly, biweekly, monthly or twice per month.
- 5.c.(2) Provide the current year BAH RT/C. For dual military living in government quarters include BAH RC/T of the senior member only; in locations where military members receive less than the BAH RC/T allowance, use the local BAH rate; for Defense civilian OCONUS include either the housing allowance or the value of the in-kind housing.
- 5.c.(3). Provide the basic subsistence allowance or in-kind equivalent.
- 5.c.(4) Provide any other earned income.
- 5.c.(5) To be completed by program staff.
- 6.a. Provide the last name, first name and middle initial of the spouse or other adult living in the home, who contributes to the welfare of the child.
- 6.b. Provide the income of the spouse or other adult living in the home, who contributes to the welfare of the child.
7. Provide any additional income.
8. To be completed by program staff.

### Section III.

9. Provide the sponsor's signature.
10. Provide the spouse's or other resident adult's signature.
11. Provide the date of signatures.

**APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES***(Read Instructions on back before completing form.)*OMB No. 0704-0515  
OMB approval expires  
20231031

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9E series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-144, Child and Youth Programs.

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

**ROUTINE USE(S):** Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations.

Additional Routine Uses can be found in the SORNS: Department of the Army: <https://dpcl.dod.mil/Privacy/SORNS/Index/DOD-wide-SORN-Article-View/Article/570083/a0608a-cfsc/>; Department of the Navy: <https://dpcl.dod.mil/Privacy/SORNS/Index/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>; Department of the Air Force: <https://dpcl.dod.mil/Privacy/SORNS/Index/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>

**DISCLOSURE:** Required Failure to provide the required information will delay the processing and approval of child care services.

**SECTION I - DEPENDENT CHILDREN**

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

**SECTION II - ANNUAL FAMILY INCOME****5. SPONSOR**

a. NAME (Last, First, Middle Initial)		b. YEARS OF MILITARY/CIVIL SERVICE		
c. INCOME				
(1) Income Data	(2) Basic Allowance for Housing (BAH)	(3) Basic Subsistence Allowance	(4) Other Earned Income	(5) Total Income - Sponsor (To be completed by Program Staff)

**6. SPOUSE OR OTHER ADULT LIVING IN THE HOME**

a. NAME (Last, First, Middle Initial)	b. INCOME
7. OTHER INCOME EARNED	8. TOTAL INCOME (Include income from Blocks 5, 6, and 7. To be completed by Program Staff.)

**SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE***(Required for all categories. 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)
-------------------------	-------------------------	----------------------------

**SECTION IV - FOR CHILD DEVELOPMENT PROGRAM USE ONLY**

12. PRIORITY SYSTEM ELIGIBILITY	13. CATEGORY OF APPROVAL	14. AUTHORIZED FEES	15. DATE OF APPROVAL (YYYYMMDD)	16. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL
---------------------------------	--------------------------	---------------------	---------------------------------	--



**JB Charleston Youth Programs**  
**Emergency Information and Contacts**

*Please let us know who to contact if we need to communicate with you for any reason, including emergencies.*

Date: \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_

**Check One:**  School Age Care     Summer Program     Open Rec.

**School Attending:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_

This page left blank intentionally



# Joint Base Charleston Child and Youth Programs

## CREDIT CARD AUTHORIZATION

In accordance with Air Force Standard Business Policies Memo dated 14 Mar 06 (available upon request), all individuals utilizing Child Development and Youth Programs are required to provide a credit/debit card number or bank authorization with their program application and agree to have the card charged or account debited for the child(ren) participating in these programs when payment for services is not received as outlined in the signed parent agreement.

Name appearing on Card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Type (MasterCard, Amex or Visa) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code \_\_\_\_\_

By signing below, I authorize the Joint Base Charleston Child Development Program/Youth Program (circle one) to automatically charge my account through Orbital Virtual, for any balance due for services that have not been paid as outlined in the signed parent agreement. I also acknowledge that I am aware of this policy and fully understand that all credit card information will be safeguarded in accordance with the Privacy Act.

(Optional) - I would like to authorize my card to be charged on the:

- 1<sup>st</sup> & 15<sup>th</sup>
- Weekly
- Monthly

Child(ren)'s Name: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date Signed

**This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 and EO 9397.  
Requires safeguarding and disclosures only as authorized in AFI 37-132.**

**CONFIDENTIALITY APPLIES**

This page left blank intentionally



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 628TH AIR BASE WING (AMC)  
JOINT BASE CHARLESTON SC**

MEMORANDUM:

FROM: Joint Base Charleston-Family Child Care Program

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling (CYB-MFLC) program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
  - Observe, participate and engage in activities with children and youth.
  - Provide direct interaction with military children.
  - Model behavioral techniques and provide feedback.
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
  - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
  - Be available for military parents to contact for guidance and support.
  - Facilitate psycho-educational groups.
  - Conduct training for staff and parents.
  - Recommend referrals to military family programs and other resources as needed.
3. The counselor may assist military parents, military children and centers with the following type of issues:
  - Communication
  - Self-esteem/self-confidence
  - Resolving conflicts
  - Behavioral management techniques
  - Bullying
  - Helping children deal with angry feelings
  - Sibling/parental relationships
  - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

*Famulus Omnis – Serving All*

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.
8. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the greatest level of participation.**

Print Name of Child: \_\_\_\_\_

Select only one check box below:

**I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.**

**I do not authorize my child to participate in CYB-MFLC services.**

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



child and youth programs  
Air Force Services

JB Charleston Youth Programs

## VIRTUAL LEARNING ENVIRONMENT AGREEMENT

---

In response to the COVID-19 pandemic and Berkeley, Charleston and Dorchester School District's decision to provide only virtual learning programs, JB Charleston Youth Programs will conduct all-day operations for currently enrolled, designated mission essential dependents to participate in the virtual learning process during scheduled school hours. In order to participate, parents and students must agree and adhere to the following criteria:

1. IAW DoDI 6060.02 and AFI 34-144, para 12.2.2, all participants must meet enrollment criteria for Air Force Child and Youth Programs.
2. Breakfast, lunch and snack will be served. Breakfast is served between 0630-0730. Lunch times vary to accommodate school schedules.
3. Students must bring Berkeley, Charleston or Dorchester School District assigned Chromebook/charger/headset (with ear buds & microphone) each day--fully charged. All items must be clearly labeled with child's full name.
4. Parents must provide, in writing, the child's daily schedule and login information for each class.
5. It is the parent's responsibility to maintain communication with their child's teacher(s) regarding grades and assignments. JB Charleston Youth Programs staff will not contact schools/teachers regarding grades, assignments, etc.
6. Parents must provide Director or designee, in writing, any additional guidance/schedule/log-in information for children on IEP/504 plans requiring accommodations/deviations to the school's schedule. JB Charleston Youth Programs staff will not accommodate the IEP/504 other than to ensure students log in at the required session time.
7. At the conclusion of the school day, all Chrome books, chargers, and headsets must be placed in each child's locker and not removed until it is time to leave for the day. Chrome books must be taken home each evening for charging/cleaning/sanitation.
8. If parents want to visit the center to assist their child(ren) with assignments or other school related issue, they may do so. Parents must sign in at the front desk when entering and adhere to all COVID-prevention protocols.
9. **JB Charleston Youth Programs does not assume responsibility for, nor is libel for any damage, loss, theft, technical failure, etc that may occur to Chromebook and/or charger while in the program.**
10. **JB Charleston Youth Programs staff is available to monitor and provide general assistance; however, staff will not replace certified classroom teachers. Staff cannot "require" children to remain seated/focus on instruction. This is done by the virtual teacher and through discussions with parents prior to the school day.**
11. **JB Charleston Youth Programs is not responsible for loss of class time and/or class work due to technical issues to include, but not limited to, Internet service issues, power outages, fire drills, etc.**

The signature below signifies understanding and agreement to the above parameters. I understand that should I have any questions, I should address them with the Director or designee immediately.

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date