



JOINT BASE CHARLESTON
FORCE
SUPPORT SQUADRON



Joint Base Charleston Summer Youth Program 2021

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 current flu) or an exemption for medical/religious reasons approved by HQ AF/A1S must be on file prior to attendance. Exemptions may take weeks for approval. Please contact the School Age Coordinator or Youth Program (YP) Director for additional information/assistance.

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 earning statement/documentation of full-time student status)
- Completion of **credit card authorization**
- Copy of child's current and completed **immunizations (including flu)**
- This signed **Parent Agreement**
- Emergency contact sheet**
- CYB-MFLC Authorization (for active military families only)**
- If applicable, **JB Charleston Child and Youth Programs Parent Questionnaire for Children Identified with Special Needs**

Does your child have special needs care, chronic illnesses, allergies, or require special instructions?

During the enrollment process, School Age Care (SAC) personnel are required to gather information from families about required accommodations and support for children with disabilities, medical conditions, or special 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**. Please contact the School Age Program Coordinator or YP Director for more information. The IAP may take several weeks for approval.

**JOINT BASE CHARLESTON PARENT AGREEMENT
SUMMER PROGRAM 2021**

The Joint Base Charleston Summer Program offers all day care during school vacations for elementary and middle school children age five graders through age twelve. Care is available from 6:30 AM – 5:00 P.M. at the Air Base and at the Weapons Station, Monday through Friday. The program is closed for all Federal Holidays. Meals and/or snacks are provided to all children in attendance.

CHILD’S NAME _____
 Last First Middle

Date of Birth _____ Age at time of enrollment _____
 Month Day Year

Sponsor’s Name _____ Command/Unit _____

Email Address (Sponsor) _____

Email Address (Spouse) _____

Weeks Requested

*Please **initial** for each week requested – A 2 week **written notice** is required to cancel any requested weeks, else payment is due.

_____ Wk1 of June 21-25

_____ Wk2 of June 28-July 2

_____ Wk3 of July 6-9

_____ Wk4 of July 12-16

_____ Wk5 of July 19-23

_____ Wk6 of July 26-30

_____ Wk7 of Aug. 2-6

_____ Wk8 of Aug. 9-13

Please read and initial each items 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 the DoD to prescribe uniform fee regulations for Military Child Development Centers and School Age Care (SAC) Programs. Fees are based on total family income (TFI) 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. Families with children concurrently enrolled in child development (CDC), family child care (FCC), or school age (SAC) programs are entitled to receive a 15% multiple child discount. Families will pay the full fee for the first child (highest rate). For blended families, the income of the household in which the child's spends most of his or her times is used to determine TFI. For households in which non-related adults or unmarried couples are living in the same residence, the income of all adults who financially contribute to the welfare of the child is considered. Fees are charged for requested 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.

____ 2. **Payments are to be made with credit card only.** All patrons are required to provide a credit/debit card number and agree to have the card charged or account debited for their child(ren) participating in the program. 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.

____ 3. Failure to make payment (declined cards/insufficient funds) will result in the credit or debit card being automatically charged a late fee of \$5.00 per day, per family the next business day in addition to the amount owed. **Parents are responsible to update all credit card information.** Please ensure there are sufficient funds in the account. Fees are payable **prior to the week service is rendered and are due by close of business on Friday of each week.** *Telephonic credit card payments are not permitted.* The Program will contact the sponsor's unit for assistance in fees, including late fees, if not paid in full. Continued non-payment will result in the program initiating the debt collection process and may result in the suspension of services.

____ 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**.

____ 5. Standardized Late Pick-up fees are \$2.00/minute. There is a grace period of 10 minutes and then late fees will be accessed. Payment of late fees are 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 into the front desk of the program your child is enrolled in. 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 militarychildcare.com will not be accepted in lieu of process above.

____ 7. 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, Unites 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.

____ 8. I agree to notify the Program of any days that my child will not be in attendance as soon as I become aware, but not later than 9:00A.M.

____ 9. I understand eligibility for care is contingent on the status of the sponsor and my spouse's status (employed, seeking employment or enrolled in an accredited post-secondary institution). In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children are eligible for child care only when they reside with the eligible sponsor at least 25 percent of the time in a month. 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.

____ 10. I understand that if my child has an active Open Rec membership (applies to ages 9-18), s/he may sign out of the SAC program during normal Open Rec hours. Ask the front desk for more information about Youth Programs Open Rec memberships.

____ 11. I (circle one) **grant/ do not grant** the Joint Base Charleston SAC/YP permission to make and/or have made, publish, reproduce, use and reuse photographs, videos, closed circuit television (CCTV) recordings or likenesses of my child(ren) 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, etc.) or investigative purposes. I further agree to hold Joint Base Charleston SAC/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.

____ 12. I understand that my child(ren) must **wear closed-toed shoes** while in attendance in any School Age Care/Youth Program sponsored program. Families will be called to deliver their children the needed shoes.

____ 13. 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 30 minutes of notification. Failing to do so will result in program personnel contacting the authorized emergency contact and/or sponsor's unit for assistance.

____ 14. 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. In maltreatment cases of reasonable suspicion where a parent/guardian is identified as the alleged offender, the parental/guardian notification will be dictated by the local Department of Services or designated investigative authority in conjunction with a representative from the sponsor's unit acting as liaison (applicable regardless of the family composition/dynamics, i.e. separated, divorced, etc.). The sponsor's unit representative and the sponsor will be notified such an investigative authority request to interview a child in a suspected child maltreatment investigation.

____ 15. 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(ren) when needed. I understand sunscreen, insect repellent, and hand sanitizer are approved by the Program Medical Advisor and purchased by and provided by the Program.

_____ 16. 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.

_____ 17. No outside food or drink is allowed. We provide breakfast, lunch, and snack. Milk and water are offered. Fresh fruit is always available. We are a peanut-free facility and have some children with food allergies so please do not allow the children to bring any outside food or drink into the Youth Center.

_____ 18. I understand that if my child causes disruptions in the program (threatening, offensive language, physical harm to other, and property, or causing a liability, etc.) I will be notified and required to make pickup arrangements with in an hour. Failure to do so may result in personnel contacting security forces for guidance.

By signing this agreement, I acknowledge that I have read and fully understand the terms set forth in this agreement. I understand failure to comply with the policies/procedures as outlined in this document may result in denial of care.

Sponsor's Signature

Date Signed

Joint Base Charleston Youth Program Official

Date Signed

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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	NO LONGER USING THIS SECTION - CURRENT IMMUNIZATION RECORD MUST BE ATTACHED - CDC only
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
			HOSPITAL PHONE
MARITAL STATUS	SPONSOR'S SSN	SPOUSE'S SSN	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	FEMALE	DATE OF BIRTH (Day, Month, Year)	
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. \$ _____ SINGLE / DUAL INCOME (Circle One) \$ _____		AUTHORIZATION FOR FIELD TRIPS
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)
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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
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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:

- 1st & 15th
- 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

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JB Charleston Naval Weapons Station 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#: _____

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Subject: Parent Acknowledgement and Consent Letter for Child and Youth Behavioral Military and Family Life Counseling Services

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors and staff to foster healthy growth and social skill development. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

CYB-MFLCs address challenging behaviors and strengthen the capacity of staff, families, programs and systems to meet the needs of military children and youth by:

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest.

CYB-MFLCs are flexible and can schedule appointments, meetings and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Acknowledgement of Understanding:

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

I understand the above CYB-MFLC program description and authorize my child to participate and be supported *as a part of a formal group focused on different topic areas*. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date: _____