



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 81ST TRAINING WING (AETC)**



3 July 2018

Welcome Keesler Youth Programs! We're excited that you've chosen to enroll your child in the School Age Program at Keesler Youth Center. We hope that you and your child will enjoy the exciting enrichment activities and fun programs that we offer.

The School Age Program offers before and after school care for youth ages 5-12 years old. Activities are provided in an open and inviting atmosphere and include programs such as arts & crafts, computer instruction, dance & drama, fine arts, photography, culinary arts, daily homework assistance and so much more! We also provide USDA approved meals and snacks as well as transportation services from various local schools.

Our program is accredited by the Council on Accreditation (COA) and our staff is made up of highly qualified and enthusiastic Youth Development Professionals that are committed to providing a safe, healthy and nurturing environment that meets both the developmental needs of your child as well as the child care needs of your family.

Again, I'd like to thank you for choosing Keesler Youth Programs as your child care provider. We look forward to serving you and your family!

JERI PETERSON, Director, DAF  
Keesler Youth Programs



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Thank you for registering your child in the Keesler Youth Programs. Before your registration is complete, the following documents must be turned in to the Keesler Youth Programs.

- Leave Earning Statement (LES)/Pay Stub for both parents
- Current Immunizations Record
- Completed Enrollment Package

If you have any questions, please contact Youth Programs at 228-377-4116.

## Keesler Child and Youth Program Inclusive Care Information

*It is the policy and goal of Air Force Child and Youth Programs (CYP) to make reasonable accommodations which support inclusion and participation of children/youth with and without disabilities. When applying for care, registering for a program or currently participating, if a child/youth is identified as having a disability, medical condition or specific need, CYP personnel will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. The purpose of the IAT is to support CYP personnel and FCC providers in accommodating the needs of children/youth and to assist the program in securing the necessary support and resources. Ref: AFI 34-144, Chapter 15*

*Disclosure is voluntary. Failure to provide information may delay and/or inhibit the CYP's ability to provide appropriate care for your child.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sponsor Information:  Active Duty  DoD Civilian  DoD Contractor  Other: \_\_\_\_\_

Branch of Service:  Air Force  Navy  Army  Marines  Coast Guard

Sponsor:	Cell Phone:	Work phone:
Spouse:	Cell Phone:	Work phone:
Guardian:	Cell Phone:	Work phone:
Child's Primary Care provider:	Office phone:	
Child's Specialist provider:	Office phone:	

**TO BE COMPLETED BY PARENT/GUARDIAN**

MY CHILD'S NEEDS/DIAGNOSIS (physical, emotional, behavioral, developmental, etc.)

MY CHILD'S CURRENT MEDICATION REQUIRMENTS (include frequency and method of delivery)

MY CHILD'S ALLERGIES (medicine, environmental, & food)

EMERGENCY MEDICATION NEEDED  No  Yes / Type: \_\_\_\_\_

If Yes, please attach the appropriate emergency exposure response plan provided by your child's care provider.

MY CHILD'S RESPIRATORY CARE NEEDS

EMERGENCY MEDICATION NEEDED  No  Yes / Type: \_\_\_\_\_

If Yes, please attach the appropriate emergency response plan provided by your child's care provider.

MY CHILD'S COMMUNICATION NEEDS (delays/impairments and supplemental techniques/tools)

**FOR OFFICIAL USE ONLY**

DAILY LIVING SUPPORT (techniques and/or equipment necessary [wheel chair, walker etc.] to accomplish life skills due to delays/impairments)

MY CHILD RECEIVES THE FOLLOWING EARLY INTERVENTION SERVICES (i.e. occupational/speech/physical therapy)

MY CHILD'S STRENGTHS AND OTHER THINGS I'D LIKE YOU TO KNOW ABOUT HIM/HER

MY CHILD IS IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM \_\_\_Yes \_\_\_No \_\_\_I would like more information about the EFMP

I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. Furthermore, I authorize the release of pertinent medical information to the CYP for the sole purpose of providing developmentally appropriate care.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_Program can meet needs within standard practices and policies.

\_\_\_An IAT meeting is needed to determine if accommodations are available to better meet the needs of the child.

Signature of CYP Director/Coordinator: \_\_\_\_\_ Date: Signed: \_\_\_\_\_

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**Keesler School Age Care  
Parent Information & Agreement 2017-2018**

Child's name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

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Before School: \_\_\_\_\_ After School: \_\_\_\_\_ Before and After School: \_\_\_\_\_ Hourly/Drop-in: \_\_\_\_\_  
Summer Camp: \_\_\_\_\_ Holiday Camp: \_\_\_\_\_

Sponsor/Legal Guardian's Name and Rank: \_\_\_\_\_

Sponsor/Legal Guardian's Phone Number: \_\_\_\_\_

Sponsor/Legal Guardian's E-Mail Address: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Total Family Income Verified: CATEGORY \_\_\_\_\_ Weekly Fee: \_\_\_\_\_

Payment Option: \_\_\_\_\_ Every Two Weeks \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

*Carefully read each paragraph and initial each area indicating you understand its content:*

\_\_\_\_\_ 1. **Participants must adhere to all Air Force regulations, guidelines, policies, procedures, and operating instructions. These guidelines are available for your review at the School Age Program.**

\_\_\_\_\_ 2. **PURPOSE:** The School Age Care (SAC) strives to provide the best for each child every day. We provide a FUN, SAFE, HEALTHY & NURTURING environment that helps meet the individual and developmental needs of every child.

\_\_\_\_\_ 3. **ELIGIBILITY PRIORITY:** Sponsored family members of active duty and/or DoD civilians/contractors assigned to Keesler are eligible for enrollment. Parent(s) must be full time employees or enrolled as a full time student.

\_\_\_\_\_ 4. **ENROLLMENT PRIORITY:** Priority will be given IAW AFI 34-144 and local policy as designated by 81 MSG/CC. Parents must immediately notify the SAP when their employment, disability or student status changes. The enrollment of children in families where the spouse is no longer employed/full-time student/disabled person will be terminated within 30 days of change in status if there is a waiting list of higher priority patrons for that child's age group. If there is no waiting list, the slot may be retained until a waiting list patron with higher priority requests care. In such instances, a two-week notice will be given when the slot must be relinquished. If a spouse is not employed or a full-time student during the time of registration, it is mandatory that within 60 days of the spouse's new employment or full-time student status, documentation must be provided to the program (NOTE: for employment status change, fees will be recalculated to include both incomes).

\_\_\_\_\_ 5. **REGISTRATION FEE:** Upon registering your child for the SAC, a deposit equal to the first week's fee is required to hold the slot. When care begins, this registration fee will be applied as the first week's payment.

\_\_\_\_\_ 6. **FEE INFORMATION:** The Military Child Care Act of 1989 (Public Law 1809, Section 1504) requires that the Department of Defense (DoD) establish uniform fees for childcare based upon total family income. Parents enrolling their child in contract care are required to bring the most current end of month copy of the sponsor's Leave and Earnings Statement (LES) and a current month's copy of the spouse's pay statement to verify total family income, whether taxable or

not. Total Family Income (TFI) is defined as wages, retirement pay, salaries, tips, long-term disability benefits, voluntary salary deferrals, quarters allowance and subsistence allowances and in-kind quarters and subsistence received by military member and special duty pay for services. 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 will be used to calculate TFI. TFI includes the income of all adults living in the household as a family. If further clarification of income is needed we may request that a W-2 is presented.

\_\_\_\_\_ a. Fees are determined by completion of DD Form 2652 and are based on a sliding scale. **There will be no credit or refunds given for illness, Wing Down Days scheduled by 81 TRW/CC, AETC Family Days, inclement weather, emergency closing, Federal Holidays, any days the program closes due to weather conditions as designated by 81 TRW/CC or days parents choose not to bring their child to the program.**

\_\_\_\_\_ b. All fees are due in advance. Payments are due by COB Tuesday of the current week. A late fee will be assessed when payments are not received by close of business on the due date(s). If all fees are not paid by the due date, the credit card on file will be charged with applicable late fees on the next business day (\$5 a day, \$ 15 max). Parents will still remain responsible for paying for services rendered if the charge has been declined.

**All enrollees must have credit card on file and will have payments made through Orbital system autopay.** If the credit card on file is declined, childcare services will be denied on the fourth business day (no exceptions) and an indebtedness letter forwarded to the members First Sergeant/Supervisor in Charge to collect all fees owed. If a child is absent for more than three days and payment in full (all applicable fees has to be paid) is not made as specified, the child will be dis-enrolled from the program and will have to be placed back on the waitlist if childcare services are still required.

**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:**

\_\_\_\_\_ OPTION I, every week: Payment shall be made by COB on Monday of every week care begins. In the event that any amount due under this agreement is not paid by COB Tuesday, the amount due plus a \$5.00 late fee will be charged.

\_\_\_\_\_ OPTION II, every two payments: Payment shall be made by COB on Monday of every other week care begins. In the event that any amount due under this agreement is not paid by COB Tuesday, the amount due plus a \$5.00 late fee will be charged.

\_\_\_\_\_ OPTION III, monthly payments: Payment shall be made by COB on the 1<sup>st</sup> of each month. In the event that any amount due under this agreement is not paid by COB on the 2nd business day, the amount due plus a \$5.00 late fee will be charged.

\_\_\_\_\_ c. Late Pick-up Fees: Parents of children left after closing time (5:30 PM) will be assessed a **late fee pick-up charge of \$1.00 per child for each minute after closing time.** The program will notify the sponsor's supervisor to pick up the child if the child has not been picked up within a reasonable amount of time or if the parent/emergency contact cannot be reached by phone. After thirty minutes of failure to contact the parent(s), emergency contact, or supervisor, Security Forces will be notified to pick-up the child. The program reserves the right to suspend services to those parents who are continually late picking up their children.

\_\_\_\_\_ 7. **CREDITS/REFUNDS: There will be no credit or refunds given for illness, down days, AETC family days, inclement weather, emergency closing, Federal Holidays, any days the base closes due to weather conditions as designated by the Wing Commander, or day's parents choose not to bring their child to the program.** Fees will not be prorated on these days. Credit will be given for natural disasters only as determined by the Wing Commander. Days/hours missed or partial attendance will not be prorated, nor will weeks in which holidays occur. For emergency leave or deployment that would take your child away from the program suddenly, a copy of the order/leave verification must be provided to the program. You are still responsible for making your weekly payment on time. 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 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. Credits are not given for added Federal Holidays in the event that additional holidays are declared by the President of the United States.

\_\_\_\_\_ 8. **HOURS OF OPERATION:** The SAC is open Monday-Friday from 0600-1730. SAC is closed on Saturdays, Sundays, all Federal Holidays, **AETC Family Days** and any days the base closes due to weather conditions as designated by the 81 TRW/CC. Credits are not given for added Federal holidays in the incident that additional holidays are declared by the President of the United States.

\_\_\_\_\_ 9. **ADMISSION PROCEDURES:** The following documents are required to be completed and on file prior to attendance. All documents are updated on an annual basis and sooner if changes occur that will affect the well-being of the child:

**AF Form 1181** – AF Youth Flight Patron Registration Form, all required information must be reviewed and current with emergency contacts (someone local and other than parents). Any changes in information must be updated immediately. Please pay special attention when completing the section entitled SPECIAL NEEDS CARE/CHRONIC ILLNESSES/ALLERGIES (ask the front desk if you need any clarification).

**Special Needs Information and/ or Inclusion Plan** – According to AF Youth Program Inspection Criteria Y107 “a technical definition for special needs is a youth who has a physical or mental impairment which substantially limits one or more major life activities”. Children with special needs may have mild learning disabilities or profound cognitive impairment; food allergies, developmental delays, chronic or mental illness. Chronic “Health Problems” for children include serious conditions like cancer and heart defects, muscular dystrophy and cystic fibrosis; chronic conditions like asthma and diabetes; congenital conditions like cerebral palsy. Behavior issues with diagnoses but not limited to ADHD, Fetal Alcohol Spectrum Disorder, Dysfunction of Sensory Integration, and Tourette Syndrome. Developmental disabilities are but not limited to autism, Down syndrome and intellectual disabilities. Learning disability but not limited to dyslexia and Central Auditory Processing Disorder Mental Health Issues like anxiety or depression. Children with special needs will need to complete an additional packet to ensure the program can meet the child’s needs and provide appropriate training for counselors. This paperwork may include documentation from the child’s medical provider and Keesler Medical Advisor.

**Credit Card Authorization** – In accordance with the Air Force Standard Business Policy letter (14 Mar 06), all individuals utilizing AF Youth Programs must provide a Visa or MasterCard credit card or debit card number. \*Failure to provide a valid card number could result in termination of care.

**DD Form 2652** – Application for DoD Child Care Fees. All required information must be provided for new patrons. Those families whose category may have changed during the school year may ask for guidance on fee reduction waivers at the front desk.

**Immunization Records** – All youth must have up-to-date immunizations record on file, following Air Force Public Health and state guidelines and must be submitted prior to enrollment to ensure the health and safety of children in group care. Children who have not received required immunizations will not be accepted into the program.

\_\_\_\_\_ 10. **SIGN IN/OUT PROCEDURES:** Authorized persons dropping off or picking children up must sign in/out on the AF Form 1930 as the child enters and/or leaves the program. The person signing in/out the child must be listed on AF Form 1181 and must present proper identification upon request. Only person’s 14 years of age or older are allowed to sign children in/out of program. Identification will be required of all persons when picking up children, unless that person is known and recognized by the front desk and caregiving staff. It is the parent’s responsibility to let staff know of any changes in advance.

- At designated times children age 9 & over may sign themselves out of the SAC for sports programs, instructional contract classes, or open recreation with signed parent permission. Please be aware that open recreation includes youth up to age 18. AF 88 must be on file for the youth enrolled in open rec programs.

\_\_\_\_\_ 11. **HURRICANE CONDITIONS:** For the safety of the children and the staff, and per Keesler Hurricane policies, the SAP hours of operation are contingent upon the discretion of the Wing Commander. These conditions typically occur when HURCON 2 is put into place. Please stay tuned to local television and radio channels for any announcements concerning the program.

\_\_\_\_\_ 12. **ABSENCES:** If your child will not be riding the bus in the afternoon please inform the SAC front desk before 1400. The SAC front desk phone number is 377-4116.

\_\_\_\_\_ 13. **DRESS CODE:** Due to safety reasons, children are not permitted to wear open-toe, sandal-type, slide-in shoes, or “croc” or “croc-like” shoes during outdoor play, gym play or sports activities. Please send a change of clothes with your child when requested for fitness/swimming activities.

\_\_\_\_\_ 14. **INFORMATION UPDATES:** Patrons must ensure that the program is informed of any changes in address, phone number, employment location, emergency contact or changes in family status that affect the child’s wellbeing. If the changes are not annotated, the sponsor’s supervisor will be notified in the case of an emergency.

\_\_\_\_\_ 15. **ACCIDENTS:** Accidents will be reported on AF Form 1187, Youth Flight Accident Report. Parents will be required to read and sign the report. Parents will be informed when their child is injured or when there is an unusual change in behavior and/or accident/incident for which we feel parent notification is necessary.

\_\_\_\_\_ 16. **PHOTO RELEASE:** I hereby give permission for my child to be videotaped/photographed while attending the SAP. I understand that any pictures/videos may be used in a specific reference to the SAC for training, promotion, publicity, publications, or recognition of the program. The program is a participant in Facebook and Twitter and your child’s image may be used on these social media networks. We also participate in 4-H, BGCA, and other clubs that may take pictures and/or videos.

\_\_\_\_\_ 17. **HEALTH AND HYGIENE:** The program will not accept children into care who are exhibiting signs of illness. If a child becomes ill during business hours 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 time frame. Children sent home for illness may return to the program when they have been symptom-free for 24 hours or a doctor’s note is presented. If your child does not feel well enough to participate in program activities, the child should stay home until they are able to take part in activities. Please inform the SAC front desk when your child visits the pediatrician and has a diagnosis of a communicable disease/infection (Hand, Foot & Mouth, Scabies, Chicken Pox, Staph, Seasonal Flu, etc.) so that “exposure to illness” notices can be posted to inform other parents. Good health and hygiene practices must be observed to protect the children participating in the program.

\_\_\_\_\_ 18. **MEDICATION:** Only task certified staff members will administer medication. Parents are required to complete AF Form 1055, Youth Flight Medication Permission, daily, indicating when medications are to be administered. Medications will not be administered if the AF Form 1055 has not been initialed for that day. Medications accepted require the daily authorization from parents in the event the medication needs 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 medications must be in the original container, have the following information on the prescription label: name of physician, date filled, prescription number (except for meds from the ER), child’s name, dosage amount and frequency, ending date (ex: use for 10 days or until completed) and expiration date of medication. Prescriptions must be current. A semi-annual AF Form 1055 must be completed for an epi-pen and asthma medication and signed monthly. An annual permission form can be completed for sunscreen, lip balm, and hand lotion.

\_\_\_\_\_ 19. **GUIDANCE:** It is important to have a high standard of acceptable behavior from the participants. Children are welcome to benefit from the materials and activities provided for their daily enjoyment. Our staff will make every effort to guide children into appropriate behaviors when there are guidance issues. To ensure appropriate guidance for children, the program will arrange for parent conferences to develop a plan of action to support the child’s development of appropriate social behavior. The ultimate goal is to provide a fun, safe and secure environment which promotes the growth of children’s social, emotional, cognitive and physical development. The following expectations have been established to help children meet this goal:

- Cooperate with others-youth, staff, and volunteers.
- Respect the rights and property of others.
- Inappropriate language, gestures, etc are not acceptable.
- Physical harm to others will not be tolerated.



Everything from the way our environment is set up, to our daily schedules, activities and staff interaction play a key role in our disciplinary procedures. The following steps are taken after staff must intervene:

- Step 1: Verbal warning.
- Step 2: Cool-off period/mediation/problem solving.
- Step 3: Parents called for conference and possibly to remove child from environment.
- Step 4: Temporary suspension from program.
- Step 5: Termination from the program.

Total disregard of rules and policies can result in suspension or removal from the program without reimbursement of fees. If a child is suspended from the program, it is the parent's responsibility to find alternate care. Fees will not be adjusted due to suspension from program.

\_\_\_\_\_ 20. **MEALS:** The SAC participates in the USDA Child and Adult Care Food Program. Under this program, all children present for care are provided balanced, nutritional meals and snacks at no additional cost. Menus are posted and changes may occur due to non-availability of items. All children will be served food according to the menu unless a special needs package has been completed by your child's physician indicating dietary restrictions, appropriate substitutions, and length of special diet. ***Please do not send children to the program with food as no outside food may be brought into the program.*** Parents will be asked to take the child outside the program to eat any food items brought from outside the program.

On regular school days breakfast is served from 6:15-7:30. After school snacks are served for Poppo Ferry and D'Iberville elementary students from 2:50-3:30 and for Jeff Davis students from 4:00-4:45. On school holidays, breakfast will be served from 8:30-9:00, lunch from 11:30-12:30, and snack at 2:30.

\_\_\_\_\_ 21. **2017-2018 CONTRACT YEAR:** This contract supersedes all other contracts and will be valid until contracts are signed for 2018-2019 or until the two week written notification of withdrawal is submitted.

\_\_\_\_\_ 22. **TRANSPORTATION AGREEMENT:** I hereby give permission to the SAC staff to transport my child to and from school and for field trips (on and off base).

- A \$7.00 weekly transportation fee will be charged for just before or after school care. A \$14.00 per week fee will be charged when using both the before and after school program. These fees are included in your weekly School-Age fees. Transportation is based on need. A minimum of 8 children (each way) is needed to offer services. If the number falls below the minimum, parents will be given two week's notice to find alternate care.
- The Biloxi Upper Elementary & Poppo Ferry bus departs the SAP at 6:50. The Jeff Davis bus departs the SAP at 8:30. If your child arrives after the bus has departed, it is the parent's responsibility to take their child to school.
- The bus will not wait for anyone who is not at the designated pick-up spot immediately after school. If your child misses the bus the SAP staff will contact you and it becomes your responsibility to get them from school.
- No credits/refunds of transportation fees will be given.
- The following rules must be adhered to or loss of transportation privileges could result:
  - Prior to the vehicles departing from the curb, everyone must be seated, with feet in front, and seat belts securely fastened (if available).
  - Everyone is to remain seated (with seat belts fastened if available) until the vehicle has come to a complete stop and staff gives permission to unload.
  - Items such as backpacks or jackets must be placed under the seat or held in the lap.
  - Loud distracting noises, horseplay, etc that can cause potential safety hazards to all passengers and driver will not be tolerated.
  - Food, beverages, gum are not allowed in any vehicle.
  - For disregard of any of the above rules:
    - First Incident: Verbal reprimand, reminder of rules, and parents notified.
    - Second Incident: Written reprimand, meeting scheduled with parents.
    - Third incident: One day transportation suspension.
    - Continued incidents will result in permanent loss of transportation privileges.

\_\_\_\_\_ 23. **WITHDRAWAL POLICY:** A two-week written notice is required if a child withdraws from the SAC. Termination notices are available at the front desk. Failure to provide the required two-week written notice will result in a charge for two weeks payment even if the child does not attend the program during such time.

\_\_\_\_\_ 24. **CELL PHONES/PERSONAL BELONGINGS:** Children will not be permitted to use cell phones while in the program. They must remain in their bags/cubbies. Please **do not** allow your child to bring personal items (i.e. iPods, PSP's, Game boys, Hand held electronics, MP3 players, electronics, toys, etc). The SAP **does not** accept responsibility for any items your child may bring into the facility that may be lost or stolen.

\_\_\_\_\_ 25. **INTERNET POLICY:** The SAP utilizes the internet to do research for homework, projects, and other activities at the program. Internet usage is monitored. By initialing, I give permission for my child to access the internet on the SAP computers.

*I have read initialed and understand this contract and agree to abide by all conditions and restrictions above. Failure to comply with the terms of this agreement and/or the guidance policy could result in termination of this contract and childcare services.*

\_\_\_\_\_  
Sponsor Signature/Date

\_\_\_\_\_  
Spouse Signature/Date

\_\_\_\_\_  
Sponsor Squadron or Organization

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

\_\_\_\_\_  
First Shirt/Supervisor Name and Number

\_\_\_\_\_  
SAP Staff Signature/Date

\_\_\_\_\_ Photocopy of signed agreement given to parent

# Child and Youth Services Flight Credit Card Billing Information

Child(ren)  Last Name, First Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Name: \_\_\_\_\_

(How it appears on Credit Card)

Account Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (MM/YY: \_\_\_\_ / \_\_\_\_

\_\_\_\_ The 1<sup>st</sup> of each month for payment

\_\_\_\_ The 1<sup>st</sup> and 15<sup>th</sup> of each month for payment

\_\_\_\_ I hereby authorize the Keesler Youth Programs to automatically charge my credit card

\_\_\_\_ I am fully responsible for making required payments on the signed date(s) of the month. **Self Pay**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_