

# USAFA School Age Program

## Enrollment Criteria

Subject: Required enrollment paperwork

- Parent Contract
- AF Form 1181
- USAFA Form 0-829 Emergency information card
- DD Form 2830 General Talent Release
- DD Form 2652
- USDA Form
- Credit Card Authorization Form
- CYB-MFLC Authorization Memorandum
- Topical Applications Administration Policy
- Special Needs Packet (If needed) completed by physician
- LES/Student Schedule/Pay stub for each Parent/ Guardian
- Immunization Record to include current flu immunization

Parent: \_\_\_\_\_  
Parent Signature Date

Staff: \_\_\_\_\_  
Receiving Staff Signature Date

Approved for Care: \_\_\_\_\_  
Director Signature Date



## USAFA SCHOOL AGE PROGRAM PARENT CONTRACT

This contract is set forth to provide information regarding the policies and procedures of the School Age Program and to gain parental agreement to those policies and procedures. **Indicate your acceptance of this contract by reading and initialing each item.**

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

### Care needed:

**Before School After School Both School Out Days Camps (winter, spring & summer)**

\_\_\_\_\_ 1. Hours of operation are from 0630-1800 Monday thru Friday. The Center will be **closed** on all Federal Holidays, Base Closure Days and the day after Thanksgiving. During inclement weather USAFA leadership will determine delayed reporting and early release for USAFA personnel. USAFA Youth Center will operate under these parameters and NOT the mission requirements of other military installations or the civilian sector. If inclement weather limits operations, only those patrons who are USAFA Mission Essential will be eligible to use Youth Center Services. For example, if MED Group is closed, personnel who work at MED Group may not drop off their children. In the event of late reporting for Cadet-Faculty staff; patrons may drop off 30 minutes prior to reporting time. Credits/refunds will not be given for days missed due to illness, disciplinary suspension or days in which the installation/program is closed and civilian staff are given administrative leave (i.e. national emergencies, base issues, weather, etc.).

\_\_\_\_\_ 2. Enrollment in the School Age Program includes completion of AF Form 1181, Child Development Program Patron Registration. AF Form 1181 requires verification of dates of immunizations and family emergency data. AF Form 1181 must be updated whenever changes occur as well as when the School Age Program (SAP) requests updates. Failure to update the AF Form 1181 throughout the year could result in termination of the contract. A current copy of your child's immunizations is required to attend the School Age Program. Immunization schedules are as required per Headquarters Air Force and American Academy of Pediatrics. When administrative staff requests immunization updates, child/children should be receiving the required immunizations within one week of his/her birthday. Compliance with the American Academy of Pediatrics immunizations schedule is a condition of enrollment. Annual flu shots are an AF requirement.

\_\_\_\_\_3. The Military Child Care Act of 1989, Public Law 101-189, required the Department of Defense to establish uniform fees for childcare based on total family income (TFI). Parents are required to bring the most recent copy of each household member's LES or pay statement to determine the appropriate category established for their household income. Families who decline to show proof of income will be charged the highest income category. In this instance, evidence will be required to prove eligibility. For blended families, the TFI of the household in which the child spends most of his/her time will be used for TFI. For households in which unmarried couples or pairs are living as a family, the total family income will be used to determine the TFI. During deployments, temporary custody to relatives or friends; the calculations for the dependent child will not be affected for the TFI. The fee category will be based on the deployed member's TFI. Spouses who are unemployed at the time of enrollment, or become unemployed during enrollment, must show proof of income or student schedule within 60 days. If there is a waiting list and employment is not found, care will be terminated after 60 days.

\*Failure to disclose real TFI will result in notification to the MSG Commander and your unit commander. Failure to disclose accurate TFI will result in termination of contract. **Annual DOD fee guidance will be received in the fall and must be implemented by 1 October. Your fees are subject to change based upon new guidelines received from DOD.**

\_\_\_\_\_4. Autopay is available through Chase Paymenttech, a proprietary managed billing program for recurring payment transactions. Payments can be taken weekly. Receipts are sent directly to your e-mail account. Payments are due no later than close of business on the Tuesday of the week prior to care. If payment and late fee are not received within one week of the due date, your contract will be terminated and your child will not be accepted for care. There are no refunds for hours not used, nor can they be carried over to the following day or week. **Parents are responsible for the maintenance of childcare receipts for tax purposes.**

\_\_\_\_\_5. A signed waiver is required from the Mission Support Group Commander if the parents are legally separated and residing in different households, pending a divorce and wish to adjust their total household income to include only the income of the sponsor. This will be reviewed every three months.

\_\_\_\_\_6. A late fee of \$4.00 for the first five minutes and \$2.00 for every minute thereafter is charged per child for children not picked up after closing hours.

\_\_\_\_\_7. If parents fail to pick-up their child by 1800, SAP staff will make every effort to contact the parents. If the parents are unreachable, the parents' supervisor will be contacted. If the parents have not arrived within 15 minutes of contacting the supervisor, an adult listed on the child's AF Form 1181 will be contacted to pick up the child. If all efforts fail to reach an approved adult to pick-up the child, Security Police and FAO will be contacted to take custody of the child.

\_\_\_\_\_8. Parents must notify the administrative staff at the center of their child's anticipated absence for before & after School Care. Staff will make every attempt to contact parents when a child is absent and the program did not have prior notification. If your child is ill in the morning and does not attend the Youth Center or school, please call to let us know that he/she will not be on the p.m. bus. Parents must notify the Youth Center if their child will not ride the bus after school. **CRITICAL..Security Forces will be notified if we cannot contact you should this happen.**

\_\_\_\_\_9. Your child will not be released to anyone not listed on the AF Form 1181 or to anyone under the age of 14. The SAP staff reserve the right to ask any individual picking up a child for picture identification. Ensure all persons authorized to pick-up your child are annotated on your AF Form 1181.

\_\_\_\_\_10. Parents MUST sign their child in/out of care on AF Form 1930.

\_\_\_\_\_11. Divorced parents will need to provide legal documents of child custody to ensure the child is released to authorized individuals. Divorced or separated parents cannot withhold release of child to parent unless court papers are authorized and approved through our legal department. In instances of custody related issues that may arise after enrollment; legal documents will be reviewed by the USAFA JAG before our program will change existing procedure.

\_\_\_\_\_12. Only oral or topical prescription medication in its original container may be administered to children. All medications must have a prescription number, start date, a stop date and an expiration date. Parents needing this service must fill out an AF Form 1055. On a full day of service, medication will be given once a day between 1100-1300. Prescription medication administered twice a day will not be given at the center. Parents are required to administer the initial dose of all medication when a child begins a new prescription. Parents must provide an accurate measuring tool.

\_\_\_\_\_13. Youth Center personnel are legally required to report any suspicion of abuse or neglect.

\_\_\_\_\_14. Youth Center is not responsible for any personal items youth bring to the program such as lost cell phones, electronic devices, clothing, toys, or other personal belongings. We highly recommend no personal items be brought into the program outside of what is required. Clothing or other items brought into the center should be labeled. A lost and found box is available.

\_\_\_\_\_15. Outdoor play is an important part of a child's fitness and total health. Weather permitting; the youth will go outdoors daily. In the summer they should have available cool tops, shorts, and closed toe shoes that securely fasten (recommend tennis shoes). In the winter they should have available gloves, hats, jackets and boots.

\_\_\_\_\_16. When parents are notified that their child is sick, parents must pick up their child within one hour after notification. If a child is sent home due to symptoms of having a contagious disease, the parent will be required to bring in an illness readmission form signed by a physician, stating that the child may return to the SAP.

\_\_\_\_\_17. No outside food or drink may be brought into the SAP. SAP program must be notified of special dietary needs of your child and you must annotate special need on 1181. A USAFA Airman and Family Services Flight Special Needs/Dietary Evaluation Form must be signed and filled out by a physician. When SAP is unable to provide required food to meet child's dietary needs, parents may provide food when prescribed by child's physician and approved by CDP Medical Advisor.

\_\_\_\_\_18. USDA approved breakfast; lunch and afternoon snack are provided each day at specific meal time, parents are responsible for feeding their children if they miss the scheduled mealtime. Weekly menus can be found posted on the parent info board.

\_\_\_\_\_19. Parents will be notified when a youth is using abusive language, crying excessively, displaying uncontrollable behavior (tantrums, throwing objects, hitting staff member, etc.) and may be required to pick up their youth. If behavior problems persist, a comprehensive behavior support plan will be implemented. If the problem is not resolved, the contract may become void. Falcon Trail has zero tolerance for bullying.

\_\_\_\_\_20. In the event of a special need arising for your child after enrollment, immediate notification is necessary for proper coordination of documents. If notification is not immediate, this may result in suspension until such documentation and coordination is completed. Parent will be responsible to fill out Medical Profile for Specialized Service which will be forwarded to the center's Medical Advisor to determine if reasonable accommodations can be met.

\_\_\_\_\_21. Parents must provide a phone number where they can be reached within 30 minutes. If contact information is different than what is listed on the child's registration form, new contact information must be recorded on the AF Form 1930 when signing in for the day.

\_\_\_\_\_22. Children ages 9-12 are permitted to have written permission to sign themselves in/out of the School Age Program and into the Open Rec program. Ask front desk staff for permission form. Once my child has signed into the Open Rec program, my child may not sign back into the School Age Program that day. Parent must fill out Open Rec membership form AF Form 88.

\_\_\_\_\_23. This contract may be cancelled with two weeks written notice by either party. Failure to notify the center two weeks prior to the child's last day will require payment for the last two weeks your child is enrolled in the program. Please send in an email or written request to terminate care to the front desk staff. Only the front desk staff may take a cancellation.

\_\_\_\_\_ 24. You are encouraged to visit the School Age Program at any time. If you wish to join your child for breakfast, lunch, or snack. You are welcome to request a parent/staff conference at any time. Visitors (other than enrolled parents who are authorized to be at the program, example: grandparents) must check in at the front desk upon entering the facility. Parents will adhere to the program's guidance policy while in the center.

\_\_\_\_\_ 25. We welcome you to attend our Family Involvement events. We are fully aware of the importance of taking photographs of your children during these events. Please be aware that some families have requested that their child not be photographed. Please check with the front desk to be made aware of any limitations regarding photographs; we respectfully request that you comply.

\_\_\_\_\_ 26. The entire registration package must be completed in its entirety prior to receiving childcare.

**Picture Release Statement**

**YES or NO** your child's picture may be taken while attending the Youth Program. Most pictures are used only for classroom purpose; however there are times when photographs are taken for use in conjunction with outside media to include the base newspaper. Indicate by circling your preference concerning the use of your child's photograph.

All questions, queries, and/or complaints should be addressed using the Chain Of Command; School Age Coordinator, Youth Program Director, Airman and Family Services Flight Chief, and FSS Squadron Commander.

I have read and understand the terms of the contract. I also understand this contract will be enforced for the duration of the calendar year or until I elect to terminate enrollment.

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

E-Mail: Mother: \_\_\_\_\_

Supervisor (Mother): \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: Father: \_\_\_\_\_

Supervisor's (Father) \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_  
Accepted by (Center Staff) \_\_\_\_\_  
Date

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

**One form per child – must be updated every 12 months**

1	<b>CHILD'S NAME</b>	Child's name - Last Name, First Name, Middle Initial
2	<b>SPONSOR</b>	Sponsor - Last Name, First Name, Middle Initial
3	<b>SPOUSE</b>	Spouse, if applicable - Last Name, First Name, Middle Initial Spouse, if not applicable – NA
4	<b>FEES</b>	Amount of weekly fee
5	<b>HOME PHONE</b>	Area code and telephone number of the sponsor (XXX-XXX-XXXX)
6	<b>RANK/GRADE</b>	Sponsor's Rank/Grade
7	<b>RANK/GRADE</b>	Spouse's Rank/Grade, if applicable - if not applicable - NA
8	<b>DEROS/ID EXPIRES</b>	Sponsor's - DEROS/ID Expires (DD-MM-YYYY)
9	<b>ADDRESS</b>	Sponsor's home address, include the street number, city, state, and zip code (Physical Address)
10	<b>DUTY PHONE</b>	Sponsor's duty /work phone (XXX-XXX-XXXX)
11	<b>DUTY PHONE</b>	Spouse's duty/work phone, if applicable - if not applicable - NA
12	<b>BRANCH OF SERVICE</b>	Branch of service for sponsor
13	<b>MARITAL STATUS</b>	Marital status of the sponsor (indicate married, single, separated, divorced, widowed, or widower)
14	<b>ORGANIZATION</b>	Organization of the sponsor
15	<b>EMERGENCY CONTACT</b>	<b>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.</b>
16	<b>EMERGENCY PHONE</b>	Area code and telephone number of the child's emergency contact (XXX-XXX-XXXX)
17	<b>SPONSOR'S SSN</b>	<b>Sponsor's LAST 4 OF SSN (XXXX) LAST FOUR ONLY</b>
18	<b>SPOUSE'S SSN</b>	<b>Spouse's LAST 4 OF SSN (XXXX) LAST FOUR ONLY, if applicable</b>
19	<b>HOSPITAL PHONE</b>	Area code and telephone number to the hospital or medical treatment facility where the child would be taken for treatment (XXX-XXX-XXXX)
20	<b>PHYSICIAN'S NAME</b>	Name of Child's Physician (First Name, Last Name)
21	<b>SEX (X One)</b>	Indicate child's sex (male or female)
22	<b>DATE OF BIRTH (Day, Month, Year)</b>	Child's date of birth (DD-MM-YYYY)
23	<b>I authorize emergency treatment for the children named hereon:</b>	Print the child's full legal name – first name, middle name, and last name
24	<b>SIGNATURE</b>	Signature of child's sponsor/spouse (or guardian)
25	<b>DATE (YYYYMMDD)</b>	Date form is completed (YYYY-MM-DD)
26	<b>SPECIAL INSTRUCTIONS</b>	Special instructions (if needed)
27	<b>SPECIAL NEEDS CARE</b>	Special needs care/chronic illnesses/allergies (if applicable)
28	<b>NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:</b>	List sponsor/spouse's other children enrolled in program
29	<b>ADULTS AUTHORIZED TO SIGN CHILDREN IN/OUT</b>	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
30	<b>AUTHORIZATION FOR FIELD TRIPS</b>	Signature of sponsor/parent (or guardian)
31	<b>PARENT SIGNATURE</b>	Signature of sponsor/parent (or guardian)
	<b>VACCINE/ DATE RECEIVED</b>	<b>NO LONGER USING THIS SECTION – CURRENT IMMUNIZATION RECORD MUST BE ATTACHED – CDC only</b>
	<b>FAMILY INCOME</b>	<b>NO LONGER NEEDED – THE TFI CALCULATION WORKSHEET WILL REPLACE</b>

## 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)		AUTHORIZATION FOR FIELD TRIPS
PROVIDE ONLY IF REDUCED FEES ARE REQUESTED. \$ _____ 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. If you choose not to disclose your family income, your rate for child care will be set at the highest fee level.

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  
May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0515). 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.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE CHILD AND YOUTH PROGRAM REPRESENTATIVE.**

**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 1700.9 series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-248, Child Development Programs; and Air Force Instruction 34-249, Youth Programs, and 34-276, Family Child Care.

**PRINCIPAL PURPOSE(S):** To collect total family income to determine child care fees. When completed, records are covered by one of the appropriate SORNs: Department of the Army: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6160/a0608-10-cfsc.aspx>; Department of the Navy: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6527/nm01754-3.aspx>; Department of the Air Force: <http://dpclo.defense.gov/privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5793/f034-af-sva-c.aspx>

**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.

DoD Blanket Routine Uses 1 (Law Enforcement), 4 (Congressional Inquiries), 6 (Required by International Agreement), 9 (Department of Justice for Litigation), 12 (National Archives and Records Administration), and 15 (Data Breach Remediation) specifically apply to this system. Other DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may apply to these records. Any release under a blanket routine use will be compatible with the purpose of the collection.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information will result in application of the highest fee range.

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

a. NAME (LAST, First, Middle Initial) \_\_\_\_\_ b. INCOME \_\_\_\_\_

**7. OTHER EARNED INCOME** \_\_\_\_\_ **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 Category I - IX. 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. CATEGORY OF APPROVAL _____	13. AUTHORIZED FEES _____	14. DATE OF APPROVAL (YYYYMMDD) _____	15. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL _____
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## Falcon Trail Youth Center

### Topical Applications Administration Policy

The Falcon Trail Youth Center follows standardized procedures and guidelines on the application of sunscreen, lip balms, hand lotions, insect repellents and hand sanitizers in our Youth and School Age programs.

Parents/Guardians must sign annually to authorize the application of sunscreen, lip balms, hand lotions, insect repellents and hand sanitizers.

Only sunscreen, insect repellents and hand sanitizers approved by the Child & Youth Program Medical Advisor and purchased by the CYP will be applied by children and youth. Any exception to the approved and purchased sunscreens insect repellents and hand sanitizers must be accompanied with a detailed note signed by a healthcare provider and updated annually.

Hand lotions and lip balms must be supplied by the parent/guardian and clearly labeled with the child/youth's first and last name.

Youth in the Falcon Trail Youth Center may apply the sunscreen for themselves. CYP personnel will remind them to apply adequate amounts of sunscreen to all sun exposed areas and to wash their hands after application.

Hand sanitizers are not considered a substitute for frequent and thorough hand washing.; however, hand sanitizers can substitute for handwashing when soap and water are not available.

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Child's Name

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Signature of Parent/Guardian

**EMERGENCY INFORMATION  
PERSONAL DATA - PRIVACY ACT OF 1974**

CHILD  
NAME

HOME PHONE

HOME ADDRESS

IS CHILD ENROLLED IN DEERS PROGRAM?

YES

NO

SPONSOR  
NAME

SPOUSE  
NAME

WORK PHONE

WORK PHONE

EMERGENCY  
CONTACT

EMERGENCY  
PHONE

ALLERGIES OR SPECIAL CONDITIONS

## GENERAL TALENT RELEASE

The United States Government has requested that I grant, release, and discharge certain rights arising from my participation, or the participation of an infant or minor child for whom I execute custody, in a video or audio recording or presentation entitled:

" USAFA - Youth Center Daily Recordings ";

PIN N/A or PAN N/A which is being made by or produced for the United States Government.

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The person or persons granting and releasing the rights set forth above are as follows:

<b>1. TALENT</b>		
<b>a. TYPED OR PRINTED NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b> <i>(If under 18 years of age, parent or guardian must sign below.)</i>	<b>c. DATE</b> <i>(YYYYMMDD)</i>
<b>2. PARENT OR LEGAL GUARDIAN</b> <i>(Complete if talent is under 18 years of age.)</i>		
<b>a. TYPED OR PRINTED NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE</b> <i>(YYYYMMDD)</i>
<b>3. WITNESS</b>		
<b>a. TYPED OR PRINTED NAME</b> <i>(Last, First, Middle Initial)</i>	<b>b. SIGNATURE</b>	<b>c. DATE</b> <i>(YYYYMMDD)</i>

**MEMORANDUM: Child and Youth Behavioral Military & Family Life Counselor**

FROM: \_\_\_\_\_

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Behavioral Military & Family Life Counselor (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 service members, families, children, and staff of Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Activities (LEA), and DoDEA/CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps.
2. The CYB-MFLC may support staff and work with children and families in the following ways:
  - a. Observe, participate, and engage in activities with children and youth
  - b. Provide direct intervention with children
  - c. Model behavioral management techniques and provide feedback to staff
  - d. Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
  - e. Outreach to parents
  - f. Facilitate psycho-educational groups
  - g. Conduct training for staff and parents
  - h. Recommend referrals to military social services and other resources as needed.
3. CYB-MFLCs may assist parents, teachers, staff, and children with the following issues:
  - Communication
  - Resolving conflicts
  - Managing anger
  - Bullying
  - Self-esteem/self-confidence
  - Behavioral management techniques
  - Sibling/parental relationships
  - Deployment and reintegration issues

At no time will the consultant meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp staff or a parent/guardian.

- The CYB-MFLC may use only materials for trainings, groups, and other activities that have been approved by DoD.

I acknowledge that a CYB-MFLC is available and authorize my child \_\_\_\_\_, to receive CYB-MFLC support.

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

I acknowledge that a CYB-MFLC is available and DO NOT authorize my child, \_\_\_\_\_, to receive CYB-MFLC support.

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



# COLORADO

Department of Public Health & Environment

## Child and Adult Care Food Program Income Eligibility Form (IEF) 2017- 2018

Part 1- List name and age of each child enrolled. Indicate each child's race and ethnicity. If this information is left blank, the institution representative may complete it based on visual identification. This information is for statistical reporting requirements and does not affect eligibility. Note: A =Asian; AI/AN=American Indian or Alaskan Native; B/AA=Black or African American; H/PI=Native Hawaiian or other Pacific Islander; W=White.

First Name	Last Name	Age	Ethnicity (select one) and Race (select one or more)
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W
			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> A <input type="checkbox"/> AI/AN <input type="checkbox"/> B/AA <input type="checkbox"/> H/PI <input type="checkbox"/> W

Participation in some programs allows automatic eligibility for free meals in the CACFP with required documentation. If applicable, please check one of these boxes if one or more children listed above is:

- A foster child who is the responsibility of the State or was placed by the court.
- An Early Head Start (EHS), or Head Start child or pregnant mother (enrolled in EHS) or an Even Start enrolled child.
- A homeless, migrant, or runaway child.

Refer to the back of this page for required eligibility documentation.

Please note: If you marked one of the boxes listed above and it applies to ALL children listed above, **SKIP TO PART 5 - Signature.**

Part 2 - Assistance Programs: Does anyone in your household receive benefits from any of the programs listed below? If no, go to Part 3.

If yes, please mark which assistance program (only one is required), write the case number, and **SKIP TO PART 5 - Signature.**

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

CASE NUMBER \_\_\_\_\_

(Quest Card or Social Security numbers are not acceptable)

Part 3 - Income to report: List the names of all household members who are not listed in Part 1, regardless of age. Write the amount of income received by each household member for the current month, projected income for the first month of this application, or the month prior to this application. Indicate if income is weekly (W), monthly (M), or annually (A). If you enter '0' or leave any fields blank, you are stating there is no income to report. Refer to the back of this page for definitions of income.

First and Last Name	Gross Income/ Salary/Wages			Other Income			TOTALS Center Use Only					
	\$	W	M	A	\$	W	M	A	\$	W	M	A
	\$	W	M	A	\$	W	M	A	\$	W	M	A
	\$	W	M	A	\$	W	M	A	\$	W	M	A
	\$	W	M	A	\$	W	M	A	\$	W	M	A
	\$	W	M	A	\$	W	M	A	\$	W	M	A
Total number in Household	Note: If necessary, convert multiple income schedules to annual income. Multiply weekly income by 52, bi-weekly by 26, monthly by 12.						Total Income:	\$	W	M	A	

Part 4 - Social Security Number (SSN): If the adult household member completing this form does not provide a TANF, SNAP, or FDPIR number in Part 2, the person completing this form must provide the last four digits of his/her Social Security Number (SSN).

X	X	X	-	X	X	-				
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Check if no SSN

Part 5 - Signature: I certify that all of the information on this form is true and correct and is given in connection with the receipt of Federal Funds. Information may be verified. Deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. Note: If the child is a foster child, an official of a court or other agency with responsibility for the child may sign this form.

Signature of Adult Household Member

Street Address

Printed Name

City

State

Zip Code

Date

Home Telephone

Work Phone

# Credit Card Payment Authorization Form

**CHILD(REN)'S NAME(S)** \_\_\_\_\_

Please complete the information below:

I \_\_\_\_\_ authorize **Orbital** to charge my credit card indicated below on the following schedule. **(Please indicate schedule below)**

{ } The first of each month for payment of my childcare fees.

{ } Every Wednesday for payment of my childcare fees.

I understand that weekly fees may differ depending on school out days.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.