

**Yoiko Child Development Center  
Part Day Enrichment Program Agreement  
School Year 2016-2017**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Birth Date: \_\_\_\_\_

This agreement is set forth to provide information regarding policies and procedures of the Yoiko Child Development Center (CDC) Part Day Enrichment Program (PDEP) and to obtain parental agreement to policies and procedures. Please indicate your concurrence by reading and initialing each item.

**Operational Procedures/Enrollment:**

1. \_\_\_\_\_ Children must be at least 3 years old by **1 Sep 2016** and fully toilet-trained to enroll in the PDEP program.
2. \_\_\_\_\_ PDEP hours are **Monday/Wednesday/Friday OR Tuesday/Thursday from 0830-1130.**
  - a. \_\_\_\_\_ The Yoiko CDC provides full day care throughout the building, there is no waiting area for parents/siblings. Children should not arrive earlier than 5 minutes prior to class start time or picked up later than 5 minutes after ending class time.
  - b. \_\_\_\_\_ Parents are encouraged to bring their child no later than 15 minutes after class start time.
3. \_\_\_\_\_ The PDEP closes in observation of all federal holidays, PACAF Family days. Additionally, the PDEP is closed for the following days:
  - a) Thanksgiving Break: Nov 24 - 25
  - b) Winter Break: Dec 19 - Jan 3
  - c) Spring Break: Mar 31- Apr 7
4. \_\_\_\_\_ **Safety Regulation:** CDC safety regulations require us to follow up with parents if their child is not at the center by 0900. Please inform your child's classroom and front desk staff if your child will be in after 0900 or out for the day. If we do not hear from you by 0900, we will contact you or your supervisor.
5. \_\_\_\_\_ The PDEP and/or parents may cancel this contract with a two-week written notice with no penalty. Parents are held financially liable if the two-week required notice is not submitted to the front desk.

**Fees/Charges:**

6. \_\_\_\_ The fees are based on total family income and determined by DD Form 2652 Application for Reduced Child Care Fees and through copies of LES/pay stubs for BOTH parents. If LES/pay stubs are not submitted, you may be charged for the highest category.
7. \_\_\_\_ Payments are collected weekly. Please see front desk staff to be notified of your weekly payment amount.
8. \_\_\_\_ You have the option to enroll in Auto Pay. If enrolled in Auto Pay, our Chase Payment Orbital online system will automatically charge your card weekly. If your payment declines, you will be required to come in and make your scheduled payment by close of business. Fees not paid by 1730 on the first class day of the week will be charged an additional \$5 per day late fee. Please note if your account is in arrears after the 3rd business day of your payment schedule, your first sergeant or commander may be contacted.
9. \_\_\_\_ If NOT enrolled in Auto Pay, you will have to make a payment to the front desk on the first class day of the week. Fees not paid by 1730 will be charged to the credit card on file. If your payment declines, you will be required to come in and make your scheduled payment by close of business. Fees not paid by 1730 on the first class day of the week will be charged an additional \$5 per day late fee. Please note if your account is in arrears after the 3rd business day of your payment schedule, your first sergeant or commander may be contacted.
10. \_\_\_\_ Non-payment of fees incurred through use of the PDEP could result in cancellation of this agreement and removal of your child from the program.
11. \_\_\_\_ Children must be picked up no later than the posted closing time. A late pick up fee for the 1st 5 minutes will not be assessed after the first 5 minutes a fee of \$2 per minute per child will be charged late pick-ups after 1130.
12. \_\_\_\_ The front desk must be notified and paperwork must be filed prior to vacation. To keep your child's enrollment you will be responsible to pay for vacation days.

**Health/Behavior:**

13. \_\_\_\_ Medications will not be administered during the PDEP program (except in an emergency such as asthma or allergic reaction).
14. \_\_\_\_ All children are required to have a Health Assessment Form, signed by a Medical Care provider on file. This must be accomplished within 6 weeks of the child entering the program.

- 15. \_\_\_\_\_ In accordance with Air Force Policy (AFI 34-144 and AFI 48-110), all children are required to have a current immunization record on file to include the current year flu shot.
- 16. \_\_\_\_\_ Parents of children with special needs must have a current “Child Care Plan for Children Identified with Special Needs” on file at the CDC. This form can be obtained from the CDC Director prior to enrollment and must be completed prior to the first day of enrollment.
- 17. \_\_\_\_\_ No foods prepared outside of the CDC may be brought into the PDEP Program.

**Special Permission:**

- 18. \_\_\_\_\_ I agree to allow photos of my child to be taken and displayed at the CDC. At the CDC, we capture many of your child’s life moments on film. By giving permission, you agree to allow photos of your children to be displayed at the center. Photos are destroyed or given to the parent after their display.
- 19. \_\_\_\_\_ At times, Public Affairs visits our center to do articles or news spots. I agree to allow for photos and videos of my child to be used for AFN commercials/news spots/Facebook.
- 20. \_\_\_\_\_ I agree to allow photos of my child to be used on the center’s Facebook page, Yoiko CDC.
- 21. \_\_\_\_\_ I agree to allow my child to receive the services, in support of our program, of the Military Family Life Consultant (MFLC). These consultants provide support to faculty, staff, parents and children in the Airman and Family Services Flight. They remain in the line of sight of the FSS Staff and do not meet alone with any children under the age of 18.



I have read and fully understand the terms outlined in this contract and the Child Development Center Guidelines. I agree to abide by all conditions and restrictions, and understand that no exceptions will be made. I further acknowledge that failure to comply with the terms of this agreement will result in termination of my child’s care.

\_\_\_\_\_  
Sponsor/Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Staff

\_\_\_\_\_  
Date