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CHELI SCHOOL AGE CARE
HOURLY CONTRACT Fiscal Year 2018

Child's Name: _____ Age: _____ DOB: _____ Grade: _____
Sponsor's Name: _____ Rank: _____ ORG: _____ Duty #: _____
Spouse's Name: _____ Rank: _____ ORG: _____ Duty #: _____
Parent Email Address _____ Cell: _____

This contract is hereby made and entered into from the date of signature, between the Misawa Air Base School Age Program, hereinafter referred to as Cheli SAC, and the parent of the child named above. The parent is defined for the purpose of this contract, as the natural or adoptive parent, guardian or attorney-in-fact, or any other person having legal responsibility for the child at any given time. This contract will be renewed annually.

I desire to have the child listed above attend Cheli SAC on an hourly basis and I understand and agree to the following conditions listed below.

Please read and initial the following contract agreement items:

PHILOSOPHY:

____1. The program is designed to provide care for children already enrolled in kindergarten through age twelve. The School Age Care center is responsible for supporting the development of the whole child, meaning all areas of development are considered inter-related and equally important. The School Age Care center acknowledges that children learn through active hands-on involvement with their environment, peers and caring adults. We respect each child's unique interests, experiences and abilities and needs which allows us to be responsive to each child. Children are valued as individuals and a part of the group. Likewise, our program respects and supports the ideas, cultures, and values of families and the early childhood professionals within our programs.

HOURS OF OPERATION:

____2. Cheli SAC's hourly business hours are Monday through Friday from 0700-1700. The children are dropped off at school at 0815 and picked up at 1450 Monday through Friday, and at 1350 on Wednesdays. The center will be closed on Weekends and Federal holidays. Care is provided on a space available basis.

- ____3. Cancellations are required at least 30 minutes prior to the scheduled time.
- a. After 30 minutes with no notice, the slot will be made available to the next person on the wait list.
 - b. Patrons who continuously cancel reservations without notice may be denied future care.
 - c. Patrons who continuously are a "no-show" will be penalized and unable to reserve care for 7 days.

ENROLLMENT:

_____ 4. All children must have a completed AF Form 1181, Air Force Youth Flight Patron Registration and shot record on file. It is the responsibility of the sponsor to ensure that all emergency contact, duty phone and shot record information is current and complete. This must be re-accomplished when changes are made. Children who are not current with immunizations may be denied care.

OPERATIONAL PROCEDURES:

_____ 5. **Special Needs Children:** Parents are required to inform the SAC of any special needs concerning the child (allergies, physical limitations, behavior problems, etc). Prior to enrolling in the SAC the child's development and/or medical requirements must be reviewed by the CYP Medical Advisor. The SAC will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. The IAT includes: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the Flight Chief, the Flight T&C, and applicable director to determine if reasonable accommodations can be met.

_____ 6. **Parent Involvement/ Communication:** Parents are always welcome to drop in and visit their child(ren) for a meal, special activity or just to observe. Parents are strongly encouraged to attend the Parent Advisory Board (PAB). The PAB primary function is to enhance parent participation and education, develop an annual parent involvement plan, and work together to improve programming and support the SAC.

_____ 7. **Legal custody:** In the event of a custodial disagreement, School Age Care Staff can only deny access to a child from their guardian if a Court order is on file. It is in the best interest of the youth to resolve all of these conflicts prior to program attendance.

_____ 8. **Releasing of children:** Youth will only be released to individuals listed on the AF Form 1181 and are at least 16 years old. The only exception is for the child's sibling, who must be 14 years old or older. The SAC staff reserves the right to ask any individual picking up a child for picture identification.

_____ 9. **Locator Board/ Cubbies:** Each child will be assigned a homeroom and a nametag. This nametag is used with our locator board. Children are not allowed to touch other nametags, and must utilize their nametag to indicate where in the facility they are at all times. When the child is not in the facility the nametag will be moved to their homeroom parking lot.

_____ 10. **Other Activities:** If you have elected to enroll your child in activities outside the SAC (after school activities, ballet, karate) fees will not be reduced and transportation to and from the SAC to the outside activity is the **parent's responsibility**.

Fees/Charges:

_____ 11. The Sponsor agrees to pay SAC for care services.

- a. Hourly care is charged at the rate of \$4.00 per hour, per child. The minimum charge is one hour and will be rounded up to quarter hour increments.
- b. Payment is due on the day the service is provided.

_____ 12. Late pick up fee for the first 5 minutes will not be assessed. A fee of \$2 per minute per child will be charged for all late pick-ups after 1700. Security Forces will be contacted at 1730. **Example:** A child is picked up at 1710; the fee will be \$10.00

Personal Items/Meals:

_____13. The center is not responsible for damaged or lost items. No outside items, to include cell phones or other electronics, from home are allowed in the program unless room staff has sent a note home indicating otherwise (in the case of a planned show-and-tell or a club activity like Eraser Day). If outside items are brought to the SAC, they will be held at the front desk and returned to the child when he/she is picked up.

a. We do encourage all parents to provide an extra change of clothes in case of accidents, inclement weather or messy activities. Please label all clothes with the child's full name.

b. Please be prepared by wearing appropriate clothing for outdoor play. **NO OPEN TOED, CLOG-TYPE (for example Crocs) or SHOES WITH HEELS** are allowed at the School Age Care center.

_____14. IAW AFI 34-144, 7.1.3 only foods prepared at or for the CDC/SAC are served for meals, snacks and special events. When the CDC/SAC is unable to provide foods required for a child/youth's medical condition, parents may provide food when prescribed in writing by the child/youth's health care provider and approved by the installation CYP Medical Advisor. The food must meet USDA CACFP guidelines and coordination for its safe storage will be made with the installation Public Health office. Any other food requests to bring food from home are not permitted.

Health/Behavior:

_____15. Immunizations are required by Air Force policy AFI 34-144 and AFI 48-110. Each child in care needs to have current immunizations as recommended by the America Academy of Pediatrics for children of their age, to include the annual flu shot.

_____16. The SAC will not accept into care a child(ren) who is/are exhibiting signs of illness, to include but not limited to: diarrhea that is causing "accidents," vomiting twice, elevated temperature of 101 axillary degrees or higher accompanied by behavior changes, severe pain, or if the child does not feel well enough to participate in activities, or other symptoms the duty supervisor feels may require medical attention (as defined by The American Academy of Pediatrics' Managing Infectious Diseases in Child Care and Schools, 4th ed). If your child becomes ill, the parent will be notified and must pick up the child within 1 hour.

a. Children discharged from the SAC for any health related issue may be excluded from care until the child is symptom free (refer to the health and safety guideline book "Caring for Our Children" located at the center).

_____17. **Allergies:** Children who have allergies and/or emergency medication must have additional paperwork filled out **PRIOR** to starting care. Please see the front desk for additional information and paperwork. I agree to allow the SAC to post my child's photo on the center's allergy list. The allergy list is posted in each room under the subject to the Privacy Act of 1974.

_____18. **Medication:** I understand and agree to adhere to the medication policy of the SAC as detailed in the Parent Handbook and AFI 34-144, 6.10. I understand that medication of any kind is **NOT** to be stored in my child's cubby or bag. All medications must be turned in at the front desk with a completed AF Form 1055.

_____19. All disciplinary problems will be dealt with on an individual basis. If excess inappropriate behavior or disciplinary problems occur, the sponsor may be called to pick up the child from the program, in which case the child must be picked up within one hour of notification. Refunds will not be given.

_____20. **Mandated Reporting:** SAC personnel are legally mandated to report any suspicion of abuse or neglect. Parents must not approach personnel inquiring about reports of abuse or neglect. Suspected child abuse will be reported to our installation's Family Advocacy Program at 226-2123 and the Safety Office at 226-4358.

_____ 21. **Harmful Substances:** IAW AFI 34-144, 6.12.1. Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children/youth participating in any CYP program or sponsored activity. This includes outdoor CYP activity areas and FCC homes.

Special Permission:

_____ 22. I agree to allow photos of my child to be taken and displayed at SAC.

_____ 23. I agree to allow photos of my child to be used on the center’s Facebook page, Cheli SAC.

_____ 24. I agree to allow for photos and videos of my child to be used for Public Affairs to include social media sites and AFN commercial/news spots.

_____ 25. I agree to allow Cheli School Age Care staff apply sunscreen, insect repellent, hand sanitizer, hand lotions and lip balms (all approved by medical advisor) to my child. These will be provided by the SAC and may **NOT** be brought from home.

_____ 26. Youth ages 10+ can sign themselves in and out of the Cheli School Age Care with permission from parents. Once the youth signs out of Cheli School Age care, we are no longer responsible for the youth.

_____ **I DO** give authorization for my child to sign in/out of SAC.

_____ **I DO NOT** give authorization for my child to sign in/ out of SAC.

_____ **NOT APPLICABLE** My child is under the age of 10.

_____ 27. I agree to allow my child to participate in face painting, nail painting and/ or nail art.

_____ 28. I agree to allow my child to participate in water play on the SAC playground.

_____ 29. I agree to allow my child to participate in local fieldtrips to the base library, school playground, weasel’s den, and other areas located on the base.

I have read and fully understood the terms outlined in this contract and Cheli School Age Care Center Guidelines. I agree to abide by all conditions and restrictions, and understand that no exceptions will be made. If I do not meet the financial obligations as defined above, I authorize the Cheli School Age Care to process a Military Pay Order (MPO) against me for the fees owed. I further acknowledge that failure to comply with the terms of this agreement will result in termination of my child’s care.

Sponsor’s Signature

Date

Accepted by (Center Staff)

Date

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 SERVICES
	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 MOS	11-12 MOS	14-16 MOS	SEX (X One)	DATE OF BIRTH (Day, Month, Year)	
												MALE	FEMALE
Hepatitis B 1st	Hep B-1										I authorize emergency treatment for the children named hereon:	SIGNATURE _____ DATE (YYYYMMDD) _____	
2nd													
3rd	Hep B-2	Hep B-2						Hep B					
4th													
Diphtheria-Tetanus, Pertussis 1st											SPECIAL INSTRUCTIONS		
2nd													
3rd	DTP	DTP	DTP	DTP				DTP OR DTAP	Td				
4th													
5th													
6th													
H. Influenzae type b 1st											SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
2nd													
3rd	Hib	Hib	Hib	Hib									
4th													
Polio 1st											ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT		
2nd													
3rd	OPV	OPV	OPV					OPV					
4th													
Measles, Mumps, Rubella 1st					MMR			MMR OR MMR			AUTHORIZED FOR FIELD TRIPS		
2nd													
Varicella Zoster Virus Vaccine 1st						VZV			VZV		ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT		
2nd													

OTHER IMMUNIZATIONS AS REQUIRED:	NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:	AUTHORIZED FOR FIELD TRIPS
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) \$ _____	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.
PARENT SIGNATURE _____	



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

TO: 35 FSS/FSFA
Cheli School Age Program

FROM: THE PARENTS OF: _____

SUBJECT: REQUEST CHANGE OF CARE STATUS

In accordance with the enrollment agreement, I am providing one (1) weeks notice for my child to change care status from:

___ Before Only

___ After Only

___ Before and After

To:

___ Before Only

___ After Only

___ Before and After

I would like this change of status to take place beginning _____.

Parent Signature

Date

Operation Clerk Signature

Date

Supervisor Signature

Date

**CHELI SCHOOL AGE CARE
MISAWA AIR BASE, JAPAN**

FROM: _____
(Parent Full Name)

SUBJECT: Termination of Care Notice

In accordance with the enrollment agreement, I am hereby providing a 14 calendar day notice that my child, _____, will no longer attend Cheli School Age Care. My child's last day in attendance will be, _____.

Reason for termination:

- PCS
- Found other care
- Will provide care at home
- Other (please explain): _____

Yes/No Were you satisfied with your child's experience at Cheli SAC?
Yes/No Did our service meet your needs?

Rate each item (5—excellent, 4—good, 3—ok, 2—poor and 1—awful)

- | | |
|-----------|-------------------------|
| 1—2—3—4—5 | Facility Appearance |
| 1—2—3—4—5 | Employee/Staff Attitude |
| 1—2—3—4—5 | Timeliness of Service |
| 1—2—3—4—5 | Hours of Service |

My feelings about the Cheli SAC are:

Parent Signature

Date

Desk Clerk Signature

Date

Program Manager Signature

Date





Name: Scheduled Orientation Date & Time:

Registration Checklist

Please return this checklist with your completed packet prior to your child's start date.

All items below must be submitted in order for your packet to be complete.

If you have any questions please call at DSN: 226-4666

Commercial: 011-81-176-77-2266

1. ____ AF Form 1181, *Air Force Youth Flight Program Patron Registration*
2. ____ DD Form 2652, *Application for Department of Defense Child Care Fees*
3. ____ Contract
4. ____ Credit Card Authorization
5. ____ Emergency Contact Information
6. ____ Current Copy of Immunization Records: *Child must be up to date on all immunizations, including the flu shot.*
7. ____ Copy of LES/ Paycheck for BOTH sponsor and spouse. *If you do not turn in a copy of your LES/ Paycheck, you will be placed in the highest fee category.*

** Allergies & Special Needs **

Does your child have allergies or special needs? ____YES ____NO

If yes, additional paperwork will be required to be completed by the doctor.

For Front Desk Use Only:			
TFI/ 2652 Complete: ____	Homeroom Assignment: _____		
Fee Category: ____	Weekly Rate: ____	Full Care Rate: _____	
Before/ After	Before Only	After Only	Payment Log Completed: _____
Orientation w/: ____	Manager	____	Operations Clerk
		____	Homeroom