

CHILD DEVELOPMENT SERVICE (CDS) SPONSOR/PROGRAM AGREEMENT

For use of this form, see AR 608-10; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel and patrons to: (1) identify and clarify responsibilities of all parties involved in agreement, (2) specify commitment regarding acceptance and provision of CDS services.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.

NAME OF SPONSOR (Last, first, MI)

PROGRAM
HOURLY CARE

VALID FROM (Month, day, year to month, day, year)

SERVICE (Check appropriate box)

FULL DAY PART DAY PRESCHOOL PART DAY SCHOOL AGE FCC HOME HOURLY

AGE GROUP CATEGORY (Check appropriate box)

INFANT TODDLER PRESCHOOL AGE SCHOOL AGE

I agree to enroll my child/children

in the Ft. Lee Child Development Center

CDS Facility/Family Child Care Home located at

Bldg. 10610 Yorktown Drive FORT LEE, VA 23801

PROGRAM SERVICES

PROGRAM OPERATING HOURS ARE AS FOLLOWS (List hours) (CDS personnel)

MON 0800 TO 1700 TUES 0800 TO 1700 WED 0800 TO 1700
THURS 0800 TO 1700 FRI 0800 TO 1700 SAT _____ TO _____
SUN _____ TO _____

*SERVICES FOR MY CHILD/CHILDREN WILL BE AS FOLLOWS (List hours) (Sponsor)

MON _____ TO _____ TUES _____ TO _____ WED _____ TO _____
THURS _____ TO _____ FRI _____ TO _____ SAT _____ TO _____
SUN _____ TO _____

SERVICES WILL NOT BE AVAILABLE ON (List time/date) (CDS personnel)

Federal Holidays, Post Closing & day after Thanksgiving I WILL BE NOTIFIED IN ADVANCE, WHENEVER POSSIBLE,
OF ADDITIONAL PERIODS OF NON-SERVICE AS DETERMINED BY CDS PERSONNEL.
(CHILD MAY BE DENIED CARE WHEN ILLNESS PRECLUDES PARTICIPATION IN ROUTINE PROGRAM ACTIVITIES)

PRIOR NOTICE REQUIREMENT (List amount of time required to terminate services) (CDS Personnel)

Cancellations can be made up to 24 hours prior to reservation time. If 24 hours notice is not provided and/or children are picked up earlier than reserved, patrons will be responsible for payment of the full amount of reservation time.

UNIQUE CONSIDERATIONS (Sponsor)

I REQUEST THE FOLLOWING SPECIAL NEEDS OF MY CHILD/CHILDREN AS ACCOMMODATED

MY CHILD/CHILDREN REQUIRES THE FOLLOWING SPECIAL ITEMS WHICH I WILL SUPPLY

*NON APPLICABLE FOR HOURLY SERVICES

FEEES AND CHARGES (CDS Personnel)

RATES FOR PROGRAM SERVICES ARE AS FOLLOWS:

\$3.50 PER HOUR PER CHILD.

RESERVATIONS LIMITED TO 3 DAYS PER WEEK PER HOUSEHOLD.

SERVICES ARE NOT AVAILABLE FOR HOURLY CARE AFTER 1700 HOURS.

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

\$18.00/CHILD, \$40.00 PER FAMILY ANNUAL REGISTRATION FEE

IF 24 HOUR NOTICE IS NOT PROVIDED AND/OR CHILDREN ARE PICKED UP EARLIER THAN THE TIME RESERVED, PATRONS WILL BE RESPONSIBLE FOR THE FULL PAYMENT FOR THE TIME RESERVED.

AN OVERTIME/LATE FEE OF \$ 1.00 per MINUTE WILL BE CHARGED STARTING AT _____ HOURS.

*PAYMENT OBLIGATION IS BASED ON HOURS I AGREE TO USE SERVICES NOT ON ACTUAL HOURS OF CHILD ATTENDANCE, UNLESS THEY EXCEED THE HOURS CONTRACTED.

*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO ILLNESS, FEES WILL/WILL NOT BE REDUCED.

*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO VACATION, FEES WILL/WILL NOT BE REDUCED.

FEES WILL BE PAID IN THE FOLLOWING MANNER

FEES WILL BE PAID IN FULL AT TIME OF DROP-OFF. LATE PICK-UP FEES BEGINS WHEN RESERVATION TIME ENDS. LATE FEES WILL BE PAID AT TIME OF PICK-UP.

FEES AND CHARGES ARE SUBJECT TO CHANGE. PATRONS WILL BE NOTIFIED OF CHANGES 30 DAYS PRIOR TO EFFECTIVE DATE.

POLICIES (CDS Personnel)

*CHILD MEDICATION WILL BE ADMINISTERED ONLY UPON MY WRITTEN REQUEST UNDER THE FOLLOWING CDS CONDITIONS

NO MEDICATIONS WILL BE ADMINISTERED IN THE HOURLY CARE PROGRAM INCLUDING OVER THE COUNTER MEDICATIONS, DIAPER CREAMS AND LOTIONS.

LAUNDERING CHILD'S/CHILDREN'S SOILED CLOTHING WILL/WILL NOT BE DONE ON A ROUTINE BASIS.

I WILL PROVIDE THE FOLLOWING TO MEET CDS PROGRAM REQUIREMENTS

CHANGE OF CLOTHING, LABELED, DIAPERS, PULL-UP'S WIPES, BOTTLES, IF NEEDED, LABELED AND DATED EACH TIME HOURLY CARE IS USED.

I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH CDS FOR CHILD ABUSE PREVENTION

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING CDS POLICIES CONCERNING THE CARE OF MY CHILD

FAMILY CARE PLANS MUST BE SUBMITTED 30 DAYS AFTER REGISTRATION OR SERVICES WILL BE TERMINATED.

HEALTH ASSESSMENT MUST BE PROVIDED 30 DAYS AFTER REGISTRATION OR SERVICES WILL BE TERMINATED. UPDATES SHOT RECORDS ARE REQUIRED OR SERVICES WILL BE TERMINATED.

PROVIDE 3 EMERGENCY CONTACTS AND UPDATE HOUSEHOLD AND WORK CONTACT INFORMATION WHEN CHANGES OCCUR.

SIGNATURE OF SPONSOR

DATE

SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER

DATE