

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 School Age Services 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 Fort Lee School Age Services

CDS Facility/Family Child Care Home located at

Building 10605, Yorktown Drive, Fort Lee VA 23801

PROGRAM SERVICES

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

MON 515 TO 1800 TUES 515 TO 1800 WED 515 TO 1800
THURS 515 TO 1800 FRI 515 TO 1800 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)

A 14 calendar day written notice is required to terminate services. (Excludes day of notice is submitted). Failure to provide appropriate notice will result in patron being liable for payment from that time frame.

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:

Fees are based on the total family income accordance with the most recent DD Form 2652, application for Department of Defense Child Care Fees.

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

Re-registration required annually. Late pick-up fees are assessed per CYSS site.

AN OVERTIME/LATE FEE OF \$ 1.00 per minute WILL BE CHARGED STARTING AT 1801 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

Payments will be made prior to services. Payments are due once per month on the 1st, or twice per month on the 1st and 15th. Payments are not received by 1800 (6:00pm) the 3rd working day after the due date will be assessed a \$5.00 late fee per child and services will be terminated.

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

Medical prescription medication maybe administered according to medication SOP's. Child's name, date, dosage, time and Dr.'s name must be on the label. Medication will not be administered to eyes, ears, or nose. Children attending hourly care will not be administered medication.

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

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 for single or dual military parents must be submitted NLT 30 days after registration or services will be terminated.

Health assessments/physicals must be submitted NLT 30 days after enrollment or services will be terminated, updated shot records as required or services will be terminated.

Provide 3 (three) emergency contacts as required and update household and work contact information when changes occur.

SIGNATURE OF SPONSOR

DATE

SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER

DATE