

***RAF Lakenheath  
CHILD DEVELOPMENT CENTER  
Family Agreement SY2021/2022***

The terms of this agreement should be carefully read by you, the applicant. Once signed, this agreement constitutes as a binding agreement. This agreement will remain in effect from the date signed through the 2022 school year, unless terminated earlier.

**PRIVACY ACT STATEMENT:** **AUTHORITY:** 10 U.S.C. 8013. **PURPOSE:** To obtain personal information and to notify families of policies and procedures in RAF Lakenheath Child and Youth Programs (CYP). **ROUTINE USES:** For internal use only except as permitted by federal law. **DISCLOSURE:** Disclosure of the requested information is voluntary. Nondisclosure may prevent your child from participating in RAF Lakenheath CYP.

**CHILD'S NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**SPONSOR NAME:** \_\_\_\_\_

SPONSOR E-MAIL: \_\_\_\_\_

**SPONSOR CELL:** \_\_\_\_\_

**SPOUSE NAME:** \_\_\_\_\_

**SPOUSE E-MAIL:** \_\_\_\_\_

**SPOUSE CELL:** \_\_\_\_\_

**HOURS OF OPERATION:** Care in the CYP is offered Monday through Friday from 0630-1800. Children must be picked up by 1800 hours. There will be a ten minute grace period, thereafter, a late fee of \$2.00 per minute will be charged per family after 1810. Parents and guardians who are not able to pick up by 1800 must notify a designated authorized individual listed on the child's AF Form 1181 (AF Youth Flight Program Patron Registration). If a parent does not pick up by 1820, the CYP reserves the right to call your child's emergency point of contact, and then sponsor's First Sergeant.

**\*\*EXERCISE HOURS:** Child and Youth programs have always and will continue to support the exercises with the following guidelines for extended hours:

- a. Parents are required to register in order to receive care outside of normal operating hours. This is done at the reception desk of the appropriate facility. Hourly charges will be applied.
- b. Parents have the option of using the Extended Duty Care provided by the FCC office as an alternative to incurring those additional costs.

**\_\_\_\_\_PAYMENTS:** Weekly fees must be paid at or before the beginning of the week, prior to any childcare being rendered. IAW the 2021/2022 AF Fee policy, effective, 15 August 2021, all child care payments for CDC and SAC will be automated through Orbital Billing. We will no longer be accepting

cash and/or checks. All families will be **required** to provide a current credit/debit card to pay for weekly child care fees. A late fee of \$5.00 will be applied per family for each day your account is delinquent. **If payment is not received by COB Wednesday of the week your payment is due, care will be denied Thursday morning.**

**ILLNESS:** Children with obvious signs of illness will not be admitted to program that day. In the event that your child becomes ill while in the program, you will be contacted to pick your child up. Parents are required to pick up within 30 minutes of the initial notification. If we are unable to reach you within 30 minutes, we will notify the emergency contact you have listed for your child. Please make sure your emergency contact details remain current and you provide authorization for them to pick up. CYP Personnel will refer to the exclusion policy signed by the medical advisor to make illness/exclusion determination. A current copy is kept at the front desk for your convenience.

**HOLIDAYS/FAMILY/GOAL DAYS/CENTER CLOSURES:** The CYP is closed for all Federal Holidays. Federal Holiday closures are already figured into your weekly fees. The program will survey parents to determine if there is a need for care on Family Days and Goal Days. Child care will only be provided on Family/Goal Days to families where all adults in the home are mission essential employees (proof of mission essential status is required). Once a need for opening the program has been determined, only children requesting care will be allowed entrance into the program on Family/Goal Days.

Letters are needed to verify work status. Families who display a pattern for not showing up will be referred to Family Child Care for future childcare needs for family/goal days and reported to their commander.

**CREDITS & REFUNDS:** Credits are not given for federal holidays, family days, base and emergency closures, natural disasters, absence due to sickness, accidental injury, family emergency, etc. This is due to the fact the program costs do not decrease when a child is absent. Fees are used to pay employee wages only and the employees are either working, training or taking leave which is an entitlement and is paid just like regular wages. Patrons are encouraged to complete a vacation form when they are going to be absent. CYP provides hourly care, as available, on a first come first serve basis. Vacant spaces in the CYP will be utilized for the Hourly Care Program. If your space is utilized for hourly care a credit will be applied to your account based on your hourly rate. However, if there are any vacant spaces, they will be utilized for hourly first. CYP parents will be given the option to sublet/lease/rent their space. Under no circumstance shall the authorized user of the space profit from the subletting of their space. Please follow all the subletting terms and conditions located in the parent hand book. Subletting privileges will be terminated by the Flight Chief on a case by case basis in the event of non-compliance of parent handbook or parent agreement.

**ENROLLMENT AND TERMINATION:** Families are required to provide military/DOD member's current LES, spouse's income at the time of enrollment. For a spouse who is seeking employment, verification must be provided to the front desk that the spouse is actively seeking employment. Spouses seeking employment cannot self-certify they are actively seeking employment. Families can remain in a seeking status for up to 90 days, after which time a 45 day withdrawal notice will be issued if there is a family of higher priority on the waiting list. For student spouses, official verification from the registrar's office listing enrollment status and term dates is required every 90 days. If documentation of full-time enrollment is not provided every 90 days, a 45 day withdrawal notice will be issued to the family. If financial information is not provided at the time of enrollment, the family will be charged at the highest fee category. If you choose to disenroll your child from the CYP Program, the

As of 15 July 2021

sponsor **MUST** provide a 2-week notice **IN WRITING** to the front desk. If a 2-week notice is not provided, you are responsible to pay for the remaining two weeks whether your child attends the program or not. The installation commander (MSG/CC) only will suspend, terminate, and deny privileges for cause (to include, but is not limited to, continual behavior problems, lack of cooperation from parent, and failure to pay fees). The staff and Director will make every effort to discuss problems with parents to help resolve the situation prior to recommending termination of a child's enrollment.

**\_\_\_\_\_CALL-OUTS:** When a child is not going to be in attendance on a specific day(s) due to illness or other emergency, parents must notify the CYP. The CYP will contact parents before 0900 hours if the child has not arrived for care and notification was not provided.

**\_\_\_\_\_MEDICAL INFORMATION:** If your child has any medical conditions, chronic illnesses, allergies (including food allergies) or any special needs, please note this on AF Form 1181. **A special needs form will need to be completed by your child's doctor to determine necessary modifications. This must be done prior to enrollment.** If your child needs medication administered while participating in the CYP, an AF Form 1055 (Medication Permission Form) is **required** to be filled out. The AF Form 1055 will be initialed by the parent/guardian **ANNUALLY** to authorize administration of the "as needed" emergency medication. If medications are administered by staff daily it must be initialed **DAILY**. All medication, over the counter or otherwise, must be prescribed by a doctor and have the prescription label on the container or box, including a start/stop date. The parent must administer the first dose of medication prior to bringing it to the CYP. Out-of-date medication will not be administered. Staff members are trained in CPR, First Aid and medication administration. In the event your child may require emergency assistance, Emergency Medical Services will be contacted and you will be notified immediately. It is the parent's responsibility to ensure their home, duty, and emergency numbers are **UP TO DATE** on the AF Form 1181 at all times.

Prescription medication is administered during the hours of 1000 and 1400. If the health care provider directs medication to be administered 3 times per day, CYP personnel will administer the medication once during the typical day (10 hours of care). If the medication is to be administered 4 times per day, CYP personnel will administer the medication two times during a typical day (10 hours of care). If medication is to be administered 1 or 2 times a day, medication will not be administered in the CYP.

**\_\_\_\_\_SPECIAL NEEDS:** If your child has been diagnosed with a special need prior to enrolling in CYP, the child's developmental and/or medical requirements will be reviewed by the CYP Medical Advisor and a team of experts to include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the AFS Flight Chief, the Flight Training and Curriculum (T&C) Specialist, FCC Coordinator, the Exceptional Family Member Program Family Support Specialist, and others as determined by the installation convenes in order to determine if reasonable accommodations can

be met. If the child is identified with a special need(s) after enrollment, the child's developmental and/or medical requirements must be reviewed by the CYP Medical Advisor and the team of experts listed above within 45 days.

**FOOD PROGRAM:** All food consumed in the CYP must comply with USDA Child/Adult Care Food Program requirements. 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. The CDC provides two types of infant formula (regular and soy- based). The CDC follows the Feeding Infants and Young Children Instructional Guide.

Parents are welcome to eat with their children during mealtimes but will not be permitted to take food out of the building. Parents will be offered child-sized portions and will not be permitted to eat if their child is not present at the meal service table. Meal service times, for children on table food, are as follows:

**Breakfast:** 0800-0830

**Lunch:** 1100-1130

**Afternoon Snack:** 1400-1430

**Evening Snack:** 1700-1715

**PROPER CLOTHING AND PERSONAL ITEMS:** The CYP welcomes all children into our programs. Children are expected to arrive at the centers clean and ready to start their day. Children must be sent to the center dressed appropriately for play as they may engage in a variety of sensory activities throughout the day. Please send climate appropriate clothing with your child. We also recommend that you send at least two sets of clothing labeled with your child's name to be kept in their cubby. **Closed toe shoes must be worn at all times to protect children's feet. Staff members will refuse to accept a child into program with opened toed shoes. Children must be dressed within the regulations of the dress code policy.** No backless shirts, as well as no scarves, hats, hoodies or coats with ties/laces/draw strings, necklaces or loopy earrings may be worn. CYP Director/Assistant Director reserves the right to request an additional change of clothes for any child not following appropriate clothing guidelines. Our staff will make every effort to ensure your child's belongings stay with him/her. Please do not allow your child to bring toys from home since it may cause conflict between children. The program will not be held responsible for lost, misplaced, stolen, or damaged personal items.

**TRANSPORTATION AGREEMENT:** I hereby authorize the staff of the RAF Lakenheath CYP to transport my child to and from educational field trips. Prior notification will be communicated for planned field trips.

**PHOTOGRAPHY/VIDEO RELEASE:** I hereby give permission for my child to be photographed at RAFL CYP. I understand the only agencies authorized will be the CYP or the U.S. Forces agencies (Base magazine, AFN, Public Affairs, 48 FSS Marketing, etc.) If there are any outside groups requesting permission, I understand I will be notified in advance.

\_\_\_\_\_**SIGNING IN/OUT:** For your child's safety, as well as the program's accountability, only a parent or person(s) designated by a parent on the AF Form 1181 may sign a child in/out of the program. A pick-up slip and picture identification is required for all individuals other than the sponsor/spouse when picking up a child. Siblings 14 years of age and older are permitted to sign children in/out. Your child must be signed in upon entering and signed out before leaving the classrooms. Additions to your child's 1181 must be made in person.

\_\_\_\_\_**RELEASE OF INFORMATION POLICY:** The program may disclose confidential information to authorized sources; such as, security forces, medical services, etc... only in the context of these standards, when legally permissible, and in the best interest of the child, will this occur.

\_\_\_\_\_**CYP PARENT HANDBOOK: I have received, read, understood, and will abide by all of the information and guidance in the parent handbook.**

**I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE POLICIES MAY RESULT IN DENIAL OR SUSPENSION OF MY CDC PRIVILEGES.**

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RAFL CDC Representative Signature: \_\_\_\_\_