

**FAMILY MEMBER PROGRAMS FLIGHT
CHILD INFORMATION SHEET**

This form must be completed by all parents for their child(ren) attending any of the activities in the Family Member Programs Flight – Child Development Center, Family Child Care Program or School Age Program.

Please review the following list of special needs. If your child has been identified as having one of these special needs, please mark the appropriate diagnosis.

Before care is provided for your child, you must schedule a conference with the director at which time further information and instructions will be discussed.

- Food Allergies
- Behavior Disorders (specify: _____)
- Physical Disabilities (specify: _____)
- Speech/Language Disorder
- Hearing Impaired
- Developmentally Delayed
- Diabetes
- Asthma
- Vision Impaired
- ADHD (Attention Deficit/Hyperactivity Disorder)
- Breathing Difficulties
- Heart Monitor
- Seizures
- Attended an At Risk Preschool or Pre-Kindergarten
- Other Medical or Mental Conditions (specify: _____)

Child's Name: _____ Birth date: _____

Parent's Name: _____ Today's Date: _____

Director's Name: _____

PARENT AGREEMENT for CHILD CARE

I _____, understand and agree that as long as my child(ren) _____ is enrolled at the Grand Forks AFB Child Development Center I will comply with the following provisions:

1. My enrollment date for care is: _____. My Parent Orientation date (weekly care only) is scheduled for _____/_____.
Date Time
2. The reserved slot for my child(ren) will start on this day. Parents failing to start on this day will be charged a fee equal to the weekly child care rate, times two, for each child enrolled unless two weeks advance written notice is given. The following forms must be completed, signed and submitted prior to my start date:
 - _____ AF Form 1181 (Youth Flight Program Patron Registration)
 - _____ Special Needs Children – provide documentation from approved medical authority of special need and submit approved ISP/IEP
 - _____ DD Form 2652 (DoD Child Care Fees) used to calculate and verify Total Family income to establish weekly fees
 - _____ Current immunization record of each child
 - _____ USDA Application for Free/Reduced Meals
 - _____ Storm/Mission Essential Verification
 - _____ AF Form 357 (Family Care Certification) Single and Dual Military members only (this form must be current, signed by your commander or first sergeant and updated annually)
 - _____ Single (divorced) family households must provide a divorce decree to be kept on file and to verify status
 - _____ Credit Card Auto-Pay Authorization
3. I will pay the determined weekly fee, which is based on my total family income as verified by my most recent Leave and Earnings and spouse's Pay Statement. I will provide updated information to verify current income annually. Tuition is annualized for each child, and then broken down into weekly payments for convenience. Therefore, the federal holidays, snow days, presidential declared holidays, day after Thanksgiving and goal days are included in the fee structure and will not be discounted. As a slot is held for your child, you must also ensure that the center has a two-week advance notification for withdrawing from weekly care. Parents failing to provide the proper written notice will be charged a fee equal to the weekly child care rate, times two, for each child enrolled. The front desk will provide you with notification slips.
 - _____ If Total Family income is not provided; you will be placed in the highest category.
 - _____ Households in which unmarried couples are living as a family, the total income should be used to determine total family income.
 - _____ Families with one working parent and a parent enrolled in school must verify school enrollment status. If enrollment is not verified, your weekly slot may be terminated for a working parent on the waiting list.
 - _____ If your spouse becomes unemployed, you will be given thirty (30) days from notification to show proof of income. If you are unable to provide this information, you will be dis-enrolled from weekly care if there is a waiting list of single, dual military or dual employed parents.
 - _____ If your financial status changes and it becomes a hardship, a letter of request must be presented to the Child Development Center director and submitted for approval by the Base Commander.
4. I will pay my determined weekly fees on the following schedule. Payments received after the agreed payment schedule will be subject to a late fee of \$10.00. (choose only one)
 - _____ Every week payment of \$_____. Payment must be paid by close of business each Monday of the week care is being used. Every two weeks is the weekly fee times two.
 - _____ 1st and 15th of each month payment of \$_____. No grace period allowed.
 - _____ Monthly payment of \$_____. Payment must be paid no later than the 1st of each month.

_____Patrons enrolled in the Child Care Assistance Program must follow the same payment schedule. When the CCAP check is received the patrons fee amount will be adjusted for the next payment amount. (See the administrative clerks).

_____I am entitled to 10days vacation per year. One vacation week is accrued every six (6) months.

_____No credit is given for sick days.

_____Hourly fees are payable when signing out of the center.

- Extended absences

_____If a child is absent from the center due to parents extended TDY/deployment (single/dual military only), the parent may choose to pay full to hold their child's slot or withdraw the child from weekly care and be placed at the top of the waiting list for the first available space upon return.

5. If my child is enrolled in the Head Start Program, I will pay a \$5.00 preparation fee.
6. The hours of operation are 0630 to 1730 Monday - Friday. I will ensure that my child(ren) will be picked up by close of business each day. I will provide the name and telephone of at least one reliable emergency contact, giving authorization to pick up my child(ren) in the event I am unable to do so. If my child(ren) is in the center after closing hours, I will pay the late fee of \$2.00 every minute per child, calculated by the center entry clock. This fee will be paid no later than the close of business on the next day.

_____I will clock my child(ren) in and out everyday at the front desk and log them into their assigned rooms on AF Form 1930.

_____I will notify the center before 0900 if my child(ren) will not be attending on that day.

_____Hourly reservation may be made in two weeks increments. There are no standing reservations.

_____Hourly reservations must be cancelled at least 2 hours prior to the reserved time if care is not needed.

_____A non-cancellation fee equal to 2 hours of care per child will be charged for any "no-shows". This amount must be paid before care is provided again.

7. The weekly child care program is designed to provide care for eligible children of working parents for up to ten (10) hours per day, fifty (50) hours per week, Monday - Friday, under normal duty hours. IAW DOD Inspection Checklist (Jan 2004) para H.5, no child is in care for more than 10 hours per day unless the mission support group commander has granted a waiver to the individual family because the parent is in school or works longer shifts. The hourly rate based on weekly fee will go into effect during extended hours of operations for based-wide military exercises.

_____Parents who are required to work a 10 hour, 4 day work week may be granted an exception to the 10 consecutive hour rule with the understanding that any care needed on the off day would be charged as hourly care and would require a reservation. A letter from your supervisor or commander is required to verify shift work schedule.

_____During base wide exercises, the program may extend the operating hours for single/dual military parents in support of the exercise. Waivers to the 10 hour limit are not required.

_____During inclement weather and the base is open for Storm/Mission Essential personnel, single/dual military must have a letter on file to receive care.

_____An additional amount will be charged to weekly patrons using more than the allotted 50 hours per week.

8. The center will not accept sick children. It is strongly suggested that children unable to participate in daily activities due to "that run down feeling" should not be brought to the center.

_____I understand that if my child becomes sick at the center I will be notified. He/she must be picked up within 1 hour of receiving the telephone call from the center. A readmission slip will be given to the parent when the child is signed out of the center. Some reasons for notification for pick up would be:

- Temperature of 101 or more.
- Diarrhea (three uncontained in one hour)
- Undiagnosed rashes
- Continuously mattered/oozing eyes

- Projectile vomiting
 - Or any symptoms the Director feels maybe contagious to the other children.
9. All medication brought into the center must be a current prescription, in the original container, labeled with the specific child's name, name of medication and dosage strength, instructions for use, the physician's name and start and stop date of prescription. It is the responsibility of the parent to bring a measuring device to administer medication. Parents must fill out AF Form 1055 (Child Development Center Medication Permission) with all medication information; this form must be initialed and dated daily by parent to authorize administration of medication. Medication will be administered between 0900 -1400. Over the counter diaper creams (Desitin, A&D ointment, etc) will be accepted for application, only when accompanied by a doctor's written approval.

_____Diaper creams must match the doctor's approved medical statement.

_____If your child refuses to take the medication, you will be immediately notified.

_____The center will not administer medication prescribed strictly for reducing fever.

10. All children present during meal time will be served according to the posted menu. All food and beverages are provided by the Child Development Center, including baby food and infant formula. The center will not allow parents to bring in outside food. Variations in meal service are provided when allergies or other health conditions are substantiated and supported by a medical statement indicating the food item(s) to be avoided and approved substitutions.
11. I will ensure that my child is dressed appropriately, taking into consideration weather and the sometimes messy activities that children love. We highly encourage parents not to send children to the center in open-toe or flip-flop type shoes and must wear socks if they do, as they could pose a safety hazard to children when using play equipment or being outdoors. Parents are encouraged to clearly label all items.

_____I will supply at least one (1) extra set of clothing, including underwear, socks and shoes, for my child(ren) at all times.

_____I will ensure that my infant/toddler has at least three (3) days supply of diapers and diaper wipes. If my infant/toddler's supply runs out, I will pay \$1.25 per diaper provided by the center.

_____Children will go outside when the temperature is 15 degrees or higher including wind chill.

_____For winter play I will provide my child(ren) with the appropriate hats/scarves, gloves/mitten, snowsuit and boots

11. Parental consent is required for all field trips. The Child Development Center reserves the right to restrict a child from attending field-trips for incidents of unsafe behavior or actions that could endanger the child or others (i.e. running away from the group). The CDC will try to accommodate the child in another classroom (same age group).

12. Parents are always welcome to drop-in to visit their children and become involved with the activities. The Parent Advisory Meetings are held quarterly, notification of the date will be posted at the front desk. We do ask that

_____The front desk be notified when you plan to dine with your child. Each guest meal will cost \$1.00.

_____All family members visiting with the parents will remain at the front desk, unless a staff member is available to escort them to the classroom

_____All other persons visiting the CDC must be signed in the Visitor's log and accompanied by a staff member

I have read and understand this agreement and agree to abide by all conditions and restrictions stated above. I further acknowledge that failure to comply with the terms of this agreement will result in my child (ren) being removed from the Child Development Center. Any questions should be addressed to the Director.

SPONSOR/SPOUSE SIGNATURE/DATE

ADMINISTRATIVE CLERK/DATE

PARENT ORIENTATION

1. HOURS OF OPERATION ARE FROM 0630-1730. I AM ALLOTTED 10 HOURS PER DAY. IF I GO OVER THE ALLOTTED 50 HOURS I WILL BE CHARGED AN HOURLY AMOUNT EQUAL TO MY WEEKLY FEE. AFTER 1730 IT IS \$2 PER MINUTE PER CHILD. THE TIME IS ESTABLISHED BY THE FRONT DESK CLOCK.
2. PAYMENT WILL BE MADE ON MY AGREED SCHEDULED PLAN, IF NOT YOUR ACCOUNT WILL BE ACCESSED A \$10 LATE FEE.
 - WEEKLY/EVERY TWO WEEKS – BY CLOSE OF BUSINESS ON/BEFORE EACH MONDAY
 - 1ST/15TH – ON/BEFORE THE 1ST/15TH OF EACH MONTH
 - MONTHLY – ON/BEFORE THE 1ST OF EACH MONTH
 - HOURLY CARE – ON SIGNING MY CHILD OUT OF THE CENTER
3. I WILL GIVE THE FRONT DESK WRITTEN NOTIFICATION AT LEAST TWO WEEKS IN ADVANCE FOR THE USE OF VACATION TIME OR TERMINATION OF WEEKLY CARE.
4. I WILL COMPLETE ALL FORMS BEFORE STARTING AT THE CENTER. INCLUDING THE **HEALTH FORM**, (TO BE SIGNED OFF AT THE HOSPITAL); AND IF SINGLE OR DUAL MILITARY, AN **AF FORM 357**.
5. THE CENTER WILL NOT ACCEPT SICK CHILDREN. IF YOUR BECOMES SICK YOU HAVE A MAXIMUM OF ONE HOUR TO PICK UP THE CHILD. CHILDREN WILL NOT BE ALLOWED BACK IN THE CENTER UNTIL AFTER 24 HOURS ON THE CLOSE OF BUSINESS THAT THE CHILD WAS PICKED UP.
6. MEDICATION WILL BE GIVEN ONCE A DAY, BETWEEN 0900 - 1400. I WILL FURNISH ALL MEASURING DEVICES.
7. I HAVE READ THE WEEKLY/HOURLY PARENTS AGREEMENT AND WILL ABIDE BY ALL POLICIES AND GUIDELINES.

SIGN

DATE

DEPARTMENT OF THE AIR FORCE
319TH FORCES SUPPORT SQUADRON (AMC)
GRAND FORKS AIR FORCE BASE, NORTH DAKOTA



I _____ give permission for my
child/children _____ to be
photographed or video taped for the Grand Forks intranet while attending the Child
Development Center/Kiddie Campus.

Signature

Date

PERSONAL DATA – PRIVACY ACT OF 1974

CHILD'S NAME (LAST)	(FIRST)	PARENT/GUARDIAN			
DATE OF BIRTH	HOME PHONE	ADDRESS			
CHILD CARE FACILITY NAME Grand Forks AFB Child Development Center					
FACILITY NUMBER 701-747-3042	COUNTY Grand Forks	WORK PHONE			
To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.					
PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available www.aap.org or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.					
Health history sand medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE				Date of most recent well-child exam:	
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE				Do not omit any information. This form may be updated by health professional. Initial and date new data.) Child care facility needs 2 copies.	
LENGTH/HEIGHT _____ IN/CM %ile _____		WEIGHT _____ LB/KG %ILE _____		HEAD CIRCUMFERENCE _____ IN/CM % _____	
				BLOOD PRESSURE (BEGINNING AT AGE 3) _____ / _____	
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> = NORMAL		IF ABNORMAL - COMMENTS	
HEAD/EARS/EYES/NOSE/THROAT					
TEETH					
CARDIORESPIRATORY					
ABDOMEN/GI					
EXTREMITIES/JOINT/BACK/CHEST					
SKIN/LYMPH NODES					
NEUROLOGIC & DEVELOPMENT					
IMMUNIZATIONS	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td					
POLIO					
HIB					
HEB					
MMR					
VARICELLA					
MENINGOCOCCAL					
PNEUMOCOCCAL					
INFLUENZA					
HEP A					
ROTAVIRUS					
OTHER					
SCREENING TESTS		DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMA		
LEAD					
ANEMIA (HGB/HCT)					
URINALYSIS (UA) at age 5					
HEARING (subjective until age 4)					
VISION (subjective until age 3)					
PROFESSIONAL DENTAL EXAM					
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS IF NECESSARY)					
<input type="checkbox"/> NONE					
NEXT APPOINTMENT – MONTH/YEAR					
MEDICAL CARE PROVIDER			SIGNATURE OF PYHSICIAN OR CRNP:		
ADDRESS					
		PHONE	LICENSE NUMBER	DATE FORM SIGNED	

CHILD/FAMILY BACKGROUND INFORMATION

Dear Parents,

Please fill out the following information. All answers will be kept confidential. They are intended to help us become acquainted with your child and to assist us in planning activities.

1. By what name do you usually call your child? _____
2. What terminology does your child use to ask to go to the bathroom? _____
3. If your child has attended child care before, was the experience enjoyable? _____
4. Does your child have tantrums? _____ Does he/she suck his/her thumb? _____
5. If your child has unusual fears, what are they? _____
6. Does your child use the following at home? Crayons _____ scissors _____ pencil _____ chalk
_____ felt markers _____
7. What is your child's favorite color? _____
8. Is there any area in which you anticipate difficulty for your child? (crafts, sharing, following directions?) If so, please explain _____
9. What foods does your child like? _____ What food does your child dislike? _____
10. List any special interests your child has _____ -

11. List names and ages of other children in your family _____ -

12. What holiday(s) or special occasion(s) are observed by your family? (Please list them prioritized by importance with most important first _____ -

13. Is there an occasion you may object to your child participating in at our facility? Yes _____ No _____
If yes, please list them (for information purposes only, may not effect curriculum development)

14. Are there any unique languages, symbols, or songs you would like to share with us? Yes _____
No _____ If yes, please explain _____

15. Can you share any cultural customs/transitions or do you have any special objects, materials, skills or talents that may be useful in the development of our curriculum? Yes _____ No _____ If yes, explain

16. The following question is designed to help us understand our customers better and is strictly voluntary. What is the primary ethnic background of your child/children?

17. If you can volunteer or want to assist us for field trips or special occasions, please provide your name and daytime phone number where you can be reached.

We would like to thank you in advance for taking the time to answer the questions. Your responses will help ensure that our curriculum goals accurately represent our population. Any concerns that you may have can be addressed to Monica Morrissey at 747-3010.