

Sponsor Program Agreement

Sponsor/Program Agreement: Based on your total family income, you are placed in Category: _____

Your monthly fee is: _____

Your bi-monthly fee is: _____

All fees must be paid on the 1st and 15th of the month for bi-monthly plan and on the 1st for monthly plan

Please initial your understanding of the program policy for fees and due dates above. Initial _____

Child care services are available from 0615 to 1800 at the Child Development Center (CDC) and School Age Services (SAS)

Please complete the following to participate in the Child and Adult Care Food Program. Please Note: Information must be updated every 6 months.

Your child's original start date at CYSS: _____					Initial and date each Update _____	
Normal Hours of Care (write in times) your child will be in the program daily:					Daily Expected Meal Service Participation: please check box	
Monday	Tuesday	Wednesday	Thursday	Friday	Breakfast or am snack	
start: 06:15	start: 06:15	start: 06:15	start: 06:15	start: 06:15	Lunch	
stop: 18:00	stop: 18:00	stop: 18:00	stop: 18:00	stop: 18:00	PM snack	

Is this child of school age? Yes No If yes, will additional meals be provided when school is not in session? Yes No

If yes, please specify the meal: Breakfast Lunch Snack Supper

Household Contact: This child care facility participates in the Child & Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation.

Please indicate what time and method of contact you prefer: Day Evening Time Letter Telephone (home) Telephone (work)

Sponsor please initial all applicable boxes.

Sponsor gives permission to administer minor first aid by facility staff.	Initials
Sponsor gives permission to post medical/allergy information for child in open classroom.	Initials
Sponsor fees will be paid in advance of services rendered.	Initials
Late payment fee of \$5 will be charged for payments not received within 5 days of due date.	Initials
A late pickup fee of \$1.00 per minute (\$15 maximum) will be charged starting at 1800.	Initials
Two consecutive late payments or late pickups may revoke privilege to utilize CYSS services.	Initials
Sponsor is required to provide two weeks notice prior to terminating services.	Initials
Parents are required to contact center in event of child/children's absence.	Initials
Medication must meet criteria outlined in the Parent Handbook. All medication requires a doctors prescription.	Initials
Medication will not be given to school age children unless school is not in session.	Initials
Sponsor will receive a 30 day advance notification before a change in program fees.	Initials
Sponsor will abide by all rules and regulations as set forth by CYSS and the Department of the Army.	Initials
Sponsor is responsible to provide updated contact information and child record information.	Initials
Sponsor is responsible to provide a change of clothing for CDC children and appropriate clothing for weather conditions.	Initials
Sponsor will share responsibility with CYSS for Child Abuse Prevention.	Initials
Before or After School Care Only: Additional fees will be assessed for care beyond contracted hours.	Initials
Meals and program activities will be at no additional cost unless otherwise noted. Ex: field trips, etc.	Initials
Service will not be available on Federal holidays. Additional days of non-service or curtailed hours may be authorized by the Installation Commander. There will be no refunds for reduced hours of service.	Initials

Enrollment in CYSS indicates consent to the following items:

Participation in on-post excursions with CYSS personnel	Initials	Participation to go on walks	Initials
Transportation in government vehicle when necessary	Initials	Transportation in private vehicle when necessary	Initials
Permission for Swimming/Wading Pool	Initials	Use of photos to the media	Initials

The CYSS Program of Tobyhanna Army Depot is operated in accordance with Department of Defense, Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination against individuals or groups because of race, color, national origin, non-relevant handicaps or disabilities, religion, sex, or age. "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, CD 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer."

Date	Sponsor's/Parent/Guardian Signature	Date	CYSS Personnel Signature/Home Provider
Update	Sponsor's/Parent/Guardian Signature	Update	CYSS Personnel Signature/Home Provider
Update	Sponsor's/Parent/Guardian Signature	Update	CYSS Personnel Signature/Home Provider