

Fort Knox Child & Youth Services Re-Registration Form

Sponsor: (Last name) _____ (First) _____ SSN: _____

Child/Children: (Last name) _____ (First) _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3013; 26 USC 6041; AR 215-1; DoD Directive 1015.2; DoD Instruction 1015.10; and E.O. 9397 (SSN).

PURPOSE: To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.

ROUTINE USE: Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening procedures. Family income data will be used to determine USDA food program qualification and rate structures.

DISCLOSURE: Disclosure is voluntary; however, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

Declaration of Nondiscrimination

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or gender, within the limits of AR 215-1 and AR 608-10. CYS programs participating in the USDA food program will offer meals without physical segregation of or discrimination against any child regardless of ability.

Parent/Guardian Consent

I _____ (parent/guardian) of _____ give consent for an authorized CYS representative to take my child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me before such action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.

Parent/Guardian Permission

I give my permission for my child to use the computers, network and internet at the CYS programs in a responsible manner. My child will agree to follow the posted rules put forth by the local CYS program and will be held responsible for any violation of these rules. As a responsible adult, I agree to convey good standards for Internet use to my child.

*For a complete copy of your center's user agreement and a briefing on our on-line safeguards, contact your local Child & Youth Services Computer Lab staff.

Yes No

Special Needs

Does your Child have any Special Needs?
Medical, Allergies, Developmental.

Yes No

Has there been any change to your child's health?

Yes No

Sole and Dual Military Family Care Plan

I understand that as prescribed by AR 600-20 and AR 608-10, I am required to maintain an accurate Family Care Plan which will remain in the CYS Central Enrollment Registry. I am also aware that the DA Form 5305-R Family Care Plan must be completed within 30 days of enrollment or service may be denied. I understand that I will provide updated information annually or more frequently if necessary to update information.

Sponsor/Parent Signature _____ Date _____

Name of Commander _____ Phone _____

I have reviewed the attached household and family information file. To the best of my knowledge, the information on this form and contained therein is accurate and complete.

Date

Signature of Parent/Guardian



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

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

CDS Facility/Family Child Care Home located at

PROGRAM SERVICES

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

MON 530 TO 1800 TUES 530 TO 1800 WED 530 TO 1800
THURS 530 TO 1800 FRI 530 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 with no reduction in fees

OF ADDITIONAL PERIODS OF NON-SERVICE AS DETERMINED BY CDS PERSONNEL. I WILL BE NOTIFIED IN ADVANCE, WHENEVER POSSIBLE.

(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 day written notice to withdraw from a program. (Fees accrue until notice is given.) A 7 day written notice to take leave. Hourly care patrons will be charged for a minimum reservation of 2 hours if not cancelled within 24 hours.

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:

Total Family Income (TFI) \$ _____ CAT 1 2 3 4 5 6 Child #1 _____ Child #2 _____ Hourly Rates:
CDC \$3.50 hr/child, Cat1 \$2.50 hr/child, SAS \$2.50 hr/child, Cat1 \$2.00hr/child.

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

Some isolated field trip fees.

AN OVERTIME/LATE FEE OF \$ 1.00 per minute WILL BE CHARGED STARTING AT 1806 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 are due in advance on the 1st and 15th of each month. If dates fall on a weekend of Federal Holiday, payment is due the next business day. CDC&SAS prog. will apply late fees of \$5.00. Patrons whose accounts are not paid in full by the 8th working day after due date will be denied care. Late pick up fee not to exceed \$15.00/fam/site.

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

Medication will be given if the child has been on prescribed medication for 24 hrs. Parents must fill out medication card (DA5225-R). Over the counter or "as needed" medications will not be given. No medication will be administered in hourly care program.

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

Attend mandatory orientation prior to using CYS services. Provide Emergency Designee prior to using services. Ensure immunizations are updated as scheduled. Provide updated information on family status. *Single/Dual Military provide a Family Care Plan within 30 days of registration.

I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH CDS FOR CHILD ABUSE PREVENTION

All suspected cases of child abuse and neglect will be reported to the proper authorities. No child will be released to anyone other than parent or emergency designee without prior arrangements made with the Program Director in writing.

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

If a child becomes ill or injured, the parent or Emergency Designee will be called. Child must be picked up within 30 minutes. Children wearing a cast, sling or having stitches must have a written statement signed by physician approving child's admission to attend program activities. All items of clothing should be labeled. The CDC is not liable for any loss or damaged clothing. Children should wear clothing that is comfortable and easily washed. Tennis shoes are recommended type of footwear. Sandals, jellies and cowboy boots should not be worn at anytime.

SIGNATURE OF SPONSOR

DATE

SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER

DATE



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON COMMAND, FORT KNOX
1681 BULLION BOULEVARD
FORT KNOX, KENTUCKY 40121-2266
August 11, 2008

REPLY TO
ATTENTION OF:

Child and Youth Services

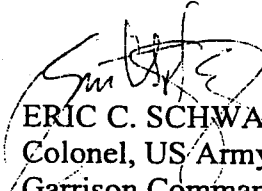
Dear Parents/Guardian:

There are two income related forms included in the Child and Youth Services (CYS) registration packet. In order to register with CYS, the completion of these forms is mandatory.

The Kentucky Child and Adult Care Food Program Income application is required on each child/youth enrolled in CYS. This completed and signed application form determines families for free, reduced, or paid meals. Also, the Department of Defense Child Care Fee – DD Form 2652 is required in order to calculate total family income. The purpose of these forms is to determine how much money the State reimburses the food programs within the Child Development Center, School Age Services, and Youth Services.

Thank you for helping us provide a first class program for the children and youth at Fort Knox. If you have questions or need more information, please contact Ms. Sharon Orr, Food Nutritionist, at 624-6706.

Sincerely,


ERIC C. SCHWARTZ
Colonel, US Army
Garrison Commander

Enclosure



PLEASE ANSWER EACH QUESTION

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 101-189, Section 1504; E.O. 9397.

PRINCIPAL PURPOSE(S): To collect total family income data to determine child care fees.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in placement in the highest fee range.

SECTION I - DEPENDENT CHILDREN

To determine child care fees for your child(ren), or any child(ren) you legally claim as your dependent(s), you must complete, sign, and return this form to the director of the program you are applying for. Fees will be determined based on your total family income as defined below. If you do not wish to disclose your total family income, your rate will be set automatically at the highest fee level.

1. NAME OF EACH CHILD (LAST, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. AGE	4. CARE REQUESTED
a.			
b.			
c.			
d.			
e.			

SECTION II - ANNUAL FAMILY INCOME (To be completed by sponsor. Include all military and civilian earned income for sponsor and spouse.)

Enter your annual income data as requested; e.g., multiply the most recent monthly income by 12 or if paid on a biweekly income, enter the most recent biweekly income and multiply by 26. For purpose of determining child care fees in DoD Child Care program, total family income is defined as all earned income including wages, salaries, tips, long-term disability benefits, combat pay and voluntary salary deferrals. Include all earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, etc., before deductions for taxes, social security, etc. Include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind. For dual military living in government quarters include BAH-II of senior member only. Include anything else of value, even if not taxable, that was received for providing services. DO NOT INCLUDE cost of living allowance (COLA) received in high cost areas, alimony and child support, temporary duty allowances or reimbursements for educational expenses.

5. SPONSOR

a. NAME (LAST, First, Middle Initial)		b. SSN	c. YEARS OF MILITARY/CIVIL SERVICE
d. INCOME			
(1) BASE PAY (Most recent leave and earnings statement)	(2) BASIC ALLOWANCE FOR HOUSING (Or in-kind equivalent) (Annual chart of minimum BAH-II)	(3) BASIC SUBSISTENCE ALLOWANCE (Or in-kind equivalent)	(4) OTHER EARNED INCOME AS DESCRIBED ABOVE

6. SPOUSE

a. NAME (LAST, First, Middle Initial)		b. SSN	c. YEARS OF MILITARY/CIVIL SERVICE
d. INCOME			
7. OTHER EARNED INCOME AS DESCRIBED ABOVE			8. TOTAL INCOME FOR SPONSOR, SPOUSE, AND OTHER

SECTION III - CERTIFICATION OF SPONSOR (Required for Category I - IV. Please read the following statement carefully before signing.)

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

9. SIGNATURE OF SPONSOR*	10. SIGNATURE OF SPOUSE	11. DATE SIGNED (YYYYMMDD)
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*If signature is missing, the fees will automatically be placed at the highest level.

12. TELEPHONE NUMBERS (Include Area Code)		13. HOME ADDRESS (List apartment number and 9-digit ZIP Code)
a. HOME	b. WORK	
(1) SPONSOR		
(2) SPOUSE		

SECTION IV - FOR CHILD DEVELOPMENT CENTER USE ONLY

14. CATEGORY OF APPROVAL	15. AUTHORIZED FEES
16. DATE OF APPROVAL (YYYYMMDD)	17. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL

SECTION 5d (1) (2) (3) (4) FOR AGENCY COMPLETION ONLY



2009-2010 Child Care Sponsors

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

INCOME ELIGIBILITY GUIDELINES **Effective July 1, 2009 – June 30, 2010**

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$20,036	\$1,670	\$ 386
2	\$26,955	\$2,247	\$ 519
3	\$33,874	\$2,823	\$ 652
4	\$40,793	\$3,400	\$ 785
5	\$47,712	\$3,976	\$ 918
6	\$54,631	\$4,553	\$ 1,051
7	\$61,550	\$5,130	\$ 1,184
8	\$68,469	\$5,706	\$ 1,317
For each additional member, add	\$ 6,919	\$ 577	\$ 134

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sponsor Representative

Phone Number

If you have questions about the CACFP and its administration, you may contact Paul McElwain, Division Director or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

