



Morale, Welfare & Recreation Department
Naval Construction Battalion Center
Gulfport, MS 39501-5001



Navy Child and Youth Programs Parent Fee Agreement
Child Development Center (CDC)
Child Development Home Program (CDH)
School-Age Care (SAC)

I understand that from January 1, 2008 to December 31, 2008 while my child, _____ is enrolled in the CDC/SAC/CDH Program: (please circle one)

1. I will pay the total fee that applies to category _____, which has been based on my total family income. For CDC/CDH/SCA patrons, the current military payday (MPD) rate for this category is \$_____. If I have more than one child enrolled in the Child and Youth Program (CYP), I will receive a 20% discount on the older child/ren that is enrolled. Income will be verified from the sponsor's most recent Leave and Earnings Statement (LES) and the most recent LES or pay stub of spouses and non-military personnel. (For income purposes, the family is defined as all adults, married or not, residing together as one economic unit and sharing living expenses toward the benefit of the children in residence.) I will not withhold from the program staff any information that would affect my MPD or weekly fee in any way. I understand that I will be charged the highest fee on this program's scale if income verification is not provided. I understand that the Commanding Officer may verify the information on my fee application, and that deliberate misrepresentation of any information may subject me to prosecution under state and federal laws. **This stated rate will not be discounted due to illness, federal holidays, family vacations, nor when closed by the Commanding Officer.**
2. I will provide yearly updated information to verify current income or provide immediately proof of any change in income status. I will inform the program immediately of changes in duty station, rank, home address, home phone number, work phone number, changes to immunization records, and changes in persons with release authorization.
3. I agree to make MPD payments by the scheduled close of business on each official military payday for the CDC/CDH/SAC. **ALL PAYMENTS MUST BE RECEIVED IN ADVANCED FOR SERVICES RENDERED.** Payment may be made for any time period in advance. I understand that failure to keep all payments current will result in termination of my child care space. If my payment is not made on the day due, my child will not be allowed to enter the program the next day. If my child's space is terminated for late payment, I agree to pay all fees incurred and I understand that I must still pay for a two-week withdrawal notice.

4. I will give a two-week written notice of withdrawal as required. If I fail to give a written two weeks notice I will still be charged for a two-week period. _____(initials)
5. I will pay a late fee of \$1.00 per minute up to \$15.00 for pickup past the daily closure of the program. The official clock is the clock in the lobby of the facility. I understand that if my child is left over 30 minuets, security will be contacted for pickup. The incident report will be forwarded to the Commanding Officer and the Family Advocacy Representative. If pickup arrangements have not been made after one hour, security will contact DHS and make arrangements for pickup by that agency.
6. I agree the hours of operation are _____ to _____. _____(initials)
7. I will pay a service charge of \$25.00 for returned checks an/or collections. _____(initials)
8. I agree, for CDC attendance, not to drop off my child between the hours of 1030 and 1330 unless a doctor's excuse is presented. _____(initials)
9. I agree to follow the rules, regulations and policies of the Parent Handbook, SOP, and OPNAVIST 1700.9E.
10. I agree to pay a non-refundable enrollment fee of \$_____ which will be credited to my first payment for service.

Sponsor's Signature Date

CYP Representative Date