



**JBPHH MWR Child and Youth Programs  
Authorizations Form**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**PHOTO / VIDEO RELEASE**

I give permission for my child's photograph or video to be taken for the purposes of publicity and program marketing. Photos and /or video may be used for program brochures, media productions, advertisements, photo albums, portfolios, news articles, and MWR Navy Region Hawaii webpage enhancement ([www.greatlifehawaii.com](http://www.greatlifehawaii.com)), etc. In addition, I authorize my child's photo or video to be used in classroom books/movies or bulletin boards and for homework/projects for course completion of student internships. I understand that I will be notified if anyone outside the program staff / interns will be taking photos or videos at the center.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Sponsor / Guardian Date

**WALKING FIELD TRIPS / BUGGY RIDES**

I hereby give permission for my child to attend walking field trips and / or buggy rides as a part of their daily curriculum / schedule. I understand that my child will be properly secured in the buggy or instructed as to proper safety when walking prior to and during the trip whenever necessary.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Sponsor / Guardian Date

**NON-WALKING FIELD TRIPS / TRANSPORTATION**

I hereby authorize my child to be transported via bus using the age appropriate safety restraint to and from scheduled field trips. I understand that I will be notified of these trips in advance and it is my responsibility to ensure that my child arrives prior to stated time of departure.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Sponsor / Guardian Date

**TOPICAL, NON-PRESCRIPTION PRODUCT APPLICATION(S)**

For child health, safety and protection from weather related elements, I hereby give my permission for the application of the following product(s): (Please check all that apply.)

- CYP provided - Coppertone Water Babies Sun Block SPF 45 or higher.
- CYP provided - Avon Skin-so-Soft Bug Guard Plus Expedition™ insect repellent SPF 15 or higher sunscreen spray.
- I hereby waive the application of program provided sunscreen and lotion.
- I will provide my own topical, non-prescription product(s):  
 Sunscreen: \_\_\_\_\_  
 Diaper Ointment: \_\_\_\_\_  
 Lotion: \_\_\_\_\_  
 Other (Please specify): \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Sponsor / Guardian Date

## JOINT BASE PEARL HARBOR-HICKAM YOUTH PROGRAMS

As the Parent/Legal Guardian of: \_\_\_\_\_, I hereby give  
(Minor)

consent for the above named minor child's participation in Morale, Welfare, and Recreation (MWR) Youth Programs, to be held with Joint Base Pearl Harbor-Hickam, on or about \_\_\_\_\_.  
(Registration Date)

In consideration of my minor child's participation in the above names event, I the undersigned, intending administrators; forever waive, release and give up any and all claims, demands, liability damages, costs and expenses of any kind whatsoever (including personal injuries and wrongful death) against the U.S Government, Department of Defense, Joint Base Pearl Harbor-Hickam MWR, Navy Region Hawaii, Navy Region Hawaii Departments and Tenant Commands, their member, officers, employees, volunteers, representatives and agents from any and all rights, claims, or liability for any and al personal injury, illness, wrongful death, property loss, incurred or cause by me or my minor child or to me, my minor child or anyone else out of or in connection with my child's participation in this event/outing.

I attest and verify that I have full knowledge of the risks and danger involved in my child attending this event/outing, and agree that I will defend, indemnify and hold harmless the U.S Government, U.S Navy, Air Force, Joint base Pearl Harbor Hickam Morale, Welfare and Recreation and Recreation Commands, their members, officers, employees, volunteers, representatives, and agents from all claims, demands or causes of action including court costs and attorneys fees directly or indirectly arising from my minor child's participation in the above mentioned event and/or any other proceedings brought by or prosecuted for me or my minor child's benefit contrary to this agreement.

This release extends to all claims of any kind and nature whatsoever know or unknown and I and my child expressly waive any benefits my minor child and I might otherwise have under the Civil Code of the State of Hawaii relating to the above.

I certify that my minor child is in good health and able to participate in this event/outing. In the event my minor child is injured or becomes ill while participating in the event/outing and I cannot be contacted at or through the telephone number that I have provided, I hereby authorize whatever medical care and services necessary under the circumstances to treat the injury or illness of my minor child, and agree to be liable for the cost thereof.

I certify that my minor child is in good health and able to participate in this event/outing.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Print/Type Last name, First name)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
(Print/Type Last name, First name)

## CACFP MEAL BENEFIT INCOME ELIGIBILITY CHILD CARE CENTERS

### Federal Fiscal Year 2010-2011

**Part 1. Children enrolled to receive day care. (Use a separate application for each foster child)**

<b>Names</b> (First, Middle Initial, Last)	SNAP or TANF 8 digit case number. <b>Skip to Part 4 if you listed a case #</b>
(Birthdate)	

**Part 2. Foster Child:** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 4.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household, including children) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>
	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	\$_____/_____/_____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Annual Income: \_\_\_\_\_ Household size: \_\_\_\_\_

Eligibility Determination: Categorically Free(SNAP or TANF) \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Above Scale \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child and Adult Care Food Program Enrollment Statement

\_\_\_\_\_  
Name of Child \_\_\_\_\_  
Birthdate and Age

is enrolled at: **Joint Base Pearl Harbor Hickam**  
**MWR Child and Youth Programs – School Age Care Programs**

Name of Facility: Hickam School Age Care

Address: 70 Alula Way Joint Base Pearl Harbor-Hickam, HI 96853

or

Name of Facility: Catlin or Adventure Plus at Rainbow Bay Marina ‘Ohana Hale

Address: 4655 Catlin Drive Honolulu, HI 96818

Beginning on: \_\_\_\_\_

Month/Day/Year

CHILD’S/CLIENT’S NORMAL DAYS & HOURS OF CARE		PLEASE CIRCLE MEALS CHILD/CLIENT WILL PARTICIPATE IN		
<b>Monday-Friday (Camp – Catlin sites)</b>	<u>6</u> a.m. to <u>6</u> p.m.	Breakfast		PM Snack
<b>Monday-Friday (Camp – Hickam sites)</b>	<u>6</u> a.m. to <u>530</u> p.m.	Breakfast	Lunch	PM Snack

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian/Client

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Institution Administrator

**The U.S. Department of Agriculture (USDA) prohibits in all its programs and activities on the basis of race, color, national origin, gender, age, and disability. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotope, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director of Office of Civil Rights, Room 326-w Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.**

For Institution use only

Child withdrew on \_\_\_\_\_.

# NAVY CHILD AND YOUTH PROGRAMS CHILD AND FAMILY PROFILE (SCHOOL-AGE CARE AND YOUTH)

REQUIRING DIRECTIVE OPNAVINST 1700.9

## PRIVACY ACT STATEMENT

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.

**ROUTINE USES** The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary.

## PARTICIPANT DATA

NAME: (LAST, FIRST, MI)

NICKNAME:

BIRTH DATE:

SCHOOL YOU ATTEND:

## WRITTEN INTERVIEW

**(To Be Answered By the Participant With Adult Assistance If Necessary)**

What things do you do as a family for fun?

What is your favorite family activity?

What do you do with your friends for fun?

If you could participate in any activity what would it be? (Example: snorkeling, surfing, running a marathon)

What do you enjoy doing when you are alone? (Example: listening to music, reading, video games, surfing the net)

What are your favorite games? (List specific video games, outdoor games, board games, table games, other)

What do you use a computer for? (Example: communicate with a deployed parent, communicate with friends, gaming, surfing)

What sports do you enjoy?

As a spectator, a participant, or both?

Do you presently have the opportunity to participate?

What arts and hobbies do you enjoy? (for example: photography, needlework, painting/drawing, woodworking, music, etc.)

Do you play a musical instrument? If so, what do you play?

What chores are you assigned at home?

What are your favorite subjects at school?

Have you ever been paid for a job outside the home? What was it?

If you could order any piece of equipment for the center what would it be?

What personal accomplishment makes you most proud?

What would you most like to accomplish in your lifetime?

Who is your hero? Who do you most want to be like?

FAMILY INFORMATION			PET INFORMATION	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
<b>EXTENDED FAMILY (LIVING WITH PARTICIPANT OR CLOSE BY)</b>	NAME		RELATIONSHIP	
Anything else you would like us to know about you?				
<b>PARTICIPANT SIGNATURE</b>			<b>DATE</b>	

# NAVY CHILD AND YOUTH PROGRAMS REGISTRATION FORM

START DATE:

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME OF CHILD (LAST, FIRST, MIDDLE)			SEX	BIRTHDATE (DD/MM/YY)		AGE
SPONSORS NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER		RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV
HOME ADDRESS (Include City and Zip Code)					HOME PHONE	
E-MAIL ADDRESS					CELL PHONE	
DUTY STATION			DUTY PHONE		DATE OF ROTATION	
(CIRCLE ONE) SINGLE PARENT FULL-TIME WORKING SPOUSE PART-TIME WORKING SPOUSE		DUAL MILITARY STUDENT SPOUSE UNEMPLOYED SPOUSE		IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF		BRANCH
RANK/RATE						
SPOUSE'S NAME (LAST, FIRST)		PLACE OF EMPLOYMENT		PHONE NUMBER		CELL PHONE

**EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)**

NAME	PHONE NUMBER	RELATIONSHIP

PROGRAM ENROLLED:  CDC  CDH  BEFORE SCHOOL  AFTER SCHOOL  VACATION CAMP  TEENS  
 YOUTH SPORTS  OPEN REC  KINDERGARTEN CARE  INSTRUCTIONAL CLASSES

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF LAST MEDICAL EXAM: \_\_\_\_\_ STATUS  GOOD HEALTH  IF NOT, PLEASE SPECIFY:

ALLERGIES:  YES  NO

IF YES, WHAT?

SPECIAL NEEDS:  YES  NO

IF YES, EXPLAIN:

HAS YOUR CHILD'S CASE BEEN REVIEWED BY THE SPECIAL NEEDS REVIEW BOARD:  YES  NO

DOES YOUR CHILD HAVE AN EXCEPTIONAL FAMILY MEMBER CLASSIFICATION:  YES  NO

IF YES, WHAT IS THE CLASSIFICATION:

**SPONSOR AGREEMENT:**

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, \_\_\_\_\_, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE                      DATE                      CYP REPRESENTATIVE SIGNATURE                      DATE

**PRIVACY ACT STATEMENT:**

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

## **INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM**

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

STATUS BLOCK: Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be maintained in the child's administrative file. The child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. A copy shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency.

### **CHILD DEVELOPMENT HOME PROGRAMS:**

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

### **FOR ALL PROGRAMS:**

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.

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

#### 6. SPOUSE

a. NAME <i>(LAST, First, Middle Initial)</i>		b. YEARS OF MILITARY/CIVIL SERVICE	
c. INCOME			

7. OTHER EARNED INCOME AS DESCRIBED ABOVE	8. TOTAL INCOME FOR SPONSOR, SPOUSE, AND OTHER
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#### 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 <i>(YYYYMMDD)</i>
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\*If signature is missing, the fees will automatically be placed at the highest level.

12. TELEPHONE NUMBERS <i>(Include Area Code)</i>		13. HOME ADDRESS <i>(List apartment number and 9-digit ZIP Code)</i>
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 <i>(YYYYMMDD)</i>	17. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL

**NAVY CHILD AND YOUTH PROGRAMS  
PARENT FEE AGREEMENT INSTRUCTIONS**

All Child and Youth Programs are to complete this form electronically. The following are the instructions for completing this form prior to printing this form for parents' signature.

1. The following steps are required by the CYP to complete the top section of the Parent Fee Agreement:
  - Select from the drop-down list the appropriate Fee Category.
  - Insert the dates of the contract.
  - Enter each child's name for which the agreement applies.
  - Select from the drop-down list each program that the child is attending. If a child is attending SAC through the school year and SAC camps, show the different programs on the same line for that child.
  - Select the frequency that the parent is required to make payments. Enter MPD (Military Pay Day) for CDC and School Year SAC and Weekly for SAC Camp programs.
  - Enter the amount that applies for each program based on the frequency selected. The amount entered will be the amount the parent will pay and should include any multi-age discount.

Note: Parents are only required to verify income once per calendar year. If the child is enrolled in two separate programs, i.e. After School and Camp, enter the information for each program in the row with the child's name.

2. In paragraph #8, please insert your command returned check fee.
3. In paragraph #9, insert the operating hours of all programs being attended in the box provided.
4. In paragraph #10, insert your Command Late Pick-Up Policy.
5. In paragraph #11, insert any local policies not already covered in this agreement.
6. Print two copies of completed form. Give one copy to the family for their files. The second copy is to be signed by the Sponsor and CYP Representative and maintained in the child's administrative file.



## Child Care Fee Calculation Worksheet

Childs Name:	Start Date	
Sponsor Name:		
Spouse's Name:		

(list N/A if not applicable)

### PART A

PART A			
Base Pay:		12	
Basic Allowance for Housing:		12	
Basic Subsistence Allowance:		12	
Other Earned Income		12	
		Total	

Spouse			
Base Pay ( If Active Duty):		12	
BAS:		12	
Other Earned income		1	
(every other week) Civilian Pay:		24	
(bi-weekly) Civilian Pay:		24	
		Total	

<b>Total for Parts A &amp; B:</b> <small>(Sponsor &amp; Spouse)</small>	
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Category Number:	<b>Cat</b>	
Type of Care:		
Weekly Fee:		MPD Fee:



# Joint Base Pearl Harbor Hickam CYP Fee Schedule Guide

Effective 1 October 2010

(Fees subject to change with a 30 day written notice)

## Child and Youth Programs (CYP)

(All fees are due semi-monthly on the 1<sup>st</sup> and the 15<sup>th</sup> except camp fees which are assessed weekly and due on Mondays prior to care)

Category	Family Income	Child Development Center (CDC)			School Age Care (SAC) Before and After School Care			Camps =Weekly Rates			
		CDC (2 <sup>nd</sup> child)			AM only(2 <sup>nd</sup> child)	PM only (2 <sup>nd</sup> child)	AM/PM (2 <sup>nd</sup> child)	Break Camp (2 <sup>nd</sup> child)			
Category I	0 - \$29,400	\$134.00	(\$108.00)	\$26.00	(\$21.00)	\$54.00	(\$43.00)	\$80.00	(\$64.00)	\$62.00	(\$50.00)
Category II	\$29,401- \$35,700	\$169.00	(\$135.00)	\$34.00	(\$27.00)	\$67.00	(\$54.00)	\$101.00	(\$81.00)	\$78.00	(\$62.00)
Category III	\$35,701 - \$46,200	\$206.00	(\$165.00)	\$41.00	(\$33.00)	\$82.00	(\$66.00)	\$123.00	(\$99.00)	\$95.00	(\$76.00)
Category IV	\$46,201 - \$57,750	\$238.00	(\$190.00)	\$48.00	(\$38.00)	\$95.00	(\$76.00)	\$143.00	(\$114.00)	\$110.00	(\$88.00)
Category V	\$57,751 - \$73,500	\$275.00	(\$220.00)	\$54.00	(\$43.00)	\$110.00	(\$88.00)	\$164.00	(\$131.00)	\$127.00	(\$102.00)
Category VI	\$73,501 – \$85,000	\$297.00	(\$238.00)	\$58.00	(\$47.00)	\$119.00	(\$95.00)	\$177.00	(\$142.00)	\$137.00	(\$110.00)
Category VII	\$85,001 - \$100,000	\$303.00	(\$242.00)	\$61.00	(\$49.00)	\$121.00	(\$97.00)	\$182.00	(\$146.00)	\$140.00	(\$112.00)
Category VIII	\$100,001 - \$125,000	\$310.00	(\$248.00)	\$63.00	(\$50.00)	\$123.00	(\$99.00)	\$186.00	(\$149.00)	\$143.00	(\$114.00)
Category IX	\$125,001 and up	\$316.00	(\$253.00)	\$63.00	(\$50.00)	\$127.00	(\$102.00)	\$190.00	(\$152.00)	\$146.00	(\$117.00)

\* 20% fee reduction is available to families with multiple children utilizing CYP services – discount will apply to the oldest child's fees.

\*\*Fees are determined by the total gross family income including BAH rates from the chart below

## 2011 Basic Allowance for Housing (BAH II) Chart (Note: Rates below utilized (not the amount on your LES) in fee calculations)

PAYGRADE	BAH RATE	PAYGRADE	BAH RATE	PAYGRADE	BAH RATE
E1 < 4	\$615.90	W-1	\$853.20	0-1	\$835.80
E-2	\$615.90	W-2	\$985.80	0-2	\$933.60
E-3	\$646.20	W-3	\$1,073.10	0-3	\$1,094.40
E-4	\$694.80	W-4	\$1,170.60	0-4	\$1,322.40
E-5	\$799.20	W-5	\$1,277.10	0-5	\$1,500.30
E-6	\$888.60	0-1E	\$981.00	0-6	\$1,556.40
E-7	\$961.80	0-2E	\$1,061.10	0-7 & Above	\$1,728.90
E-8	\$1,036.20	0-3E	\$1,176.00		
E-9	\$1,123.20				

Revised 30 March 2011



# PMRF KAUAI CYP Fee Schedule Guide

Effective 1 October 2010

(Fees subject to change with a 30 day written notice)

## Child and Youth Programs (CYP)

(All fees are due semi-monthly on the 1<sup>st</sup> and the 15<sup>th</sup> except camp fees which are assessed weekly and due on Mondays prior to care)

Category	Family Income	Child Development Center (CDC)		Part Day Preschool (MWF or TTH)	Camps =Weekly Rates
		CDC	(2 <sup>nd</sup> child)	Part Day Preschool (2 <sup>nd</sup> child)	Break Camp (2 <sup>nd</sup> child)
Category I	0 - \$29,400	\$134.00	(\$108.00)	\$28.00 (\$23.00)	\$62.00 (\$50.00)
Category II	\$29,401- \$35,700	\$169.00	(\$135.00)	\$38.00 (\$31.00)	\$78.00 (\$62.00)
Category III	\$35,701 - \$46,200	\$206.00	(\$165.00)	\$41.00 (\$33.00)	\$95.00 (\$76.00)
Category IV	\$46,201 - \$57,750	\$238.00	(\$190.00)	\$48.00 (\$39.00)	\$110.00 (\$88.00)
Category V	\$57,751 - \$73,500	\$275.00	(\$220.00)	\$55.00 (\$44.00)	\$127.00 (\$102.00)
Category VI	\$73,501 – \$85,000	\$297.00	(\$238.00)	\$59.00 (\$48.00)	\$137.00 (\$110.00)
Category VII	\$85,001 - \$100,000	\$303.00	(\$242.00)	\$61.00 (\$49.00)	\$140.00 (\$112.00)
Category VIII	\$ 100,001 - \$125,000	\$310.00	(\$248.00)	\$62.00 (\$50.00)	\$143.00 (\$114.00)
Category IX	\$125, 001 and up	\$316.00	(\$253.00)	\$63.00 (\$51.00)	\$146.00 (\$117.00)

\* 20% fee reduction is available to families with multiple children utilizing CYP services – discount will apply to the oldest child's fees.

\*\*Fees are determined by the total gross family income including BAH rates from the chart below

## 2011 Basic Allowance for Housing (BAH II) Chart (Note: Rates below utilized (not the amount on your LES) in fee calculations)

PAYGRADE	BAH RATE	PAYGRADE	BAH RATE	PAYGRADE	BAH RATE
E1 < 4	\$615.90	W-1	\$853.20	0-1	\$835.80
E-2	\$615.90	W-2	\$985.80	0-2	\$933.60
E-3	\$646.20	W-3	\$1,073.10	0-3	\$1,094.40
E-4	\$694.80	W-4	\$1,170.60	0-4	\$1,322.40
E-5	\$799.20	W-5	\$1,277.10	0-5	\$1,500.30
E-6	\$888.60	0-1E	\$981.00	0-6	\$1,556.40
E-7	\$961.80	0-2E	\$1,061.10	0-7 & Above	\$1,728.90
E-8	\$1,036.20	0-3E	\$1,176.00		
E-9	\$1,123.20				



## Joint Base Pearl Harbor Hickam Youth Programs Self Sign In/Out (Self Release) Form

My child has my permission to sign-in/out of the Joint Base Pearl Harbor Hickam Youth Programs on the days and times specified below. If my child is not signed in to the program I fully understand that the JBPHH Youth Programs staff will not be responsible for my child's care. My child does meet the "home alone" self care policy requirements. He/she is required to sign in upon entering the building and out when leaving each day.

### **My instructions for Self Sign-In/Out are as follows:**

Name of Child: \_\_\_\_\_

Parents Name: \_\_\_\_\_

*\*Please check each box that applies to your child and circle the days you would like your child to have Self Sign In/Out.*

Days to Sign(circle days):  In : M,T,W,TH,F       Out: M,T,W,TH,F

Time to Sign:  In: \_\_\_\_\_  Out: \_\_\_\_\_

Date Begins: \_\_\_\_\_ Date Ends: \_\_\_\_\_  
(if blank then until further written notice)

Phone # Where Parent Can Be Reached: \_\_\_\_\_  
Home                                  Cell                                  Work

\_\_\_\_\_  
Signature of Sponsor/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval by Youth Programs Director

\_\_\_\_\_  
Date

**Received Home Alone Policy:** \_\_\_\_\_

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date



**Welcome to FitFactor** – The worldwide military fitness program for youth ages 6 – 18. There are two sections in FitFactor, one for ages 6 - 12 and one for ages 13 - 18 each with a different line of awards at each fitness level. Any Youth Office can accept registration forms to assist you in joining this great program. Once the form is processed you will receive an e-mail message welcoming you!

Please complete all the information clearly and neatly to be enrolled in the program.

Region: Hawaii Region Base: Pearl Harbor Sponsor’s Branch of Service: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_  
*(suggest: First Name.Middle Initial.Last Name)* *(suggest: FITFACTOR)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent/Guardian Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please allow at least 3 days to input your information. After you get your “welcome” message via e-mail, visit [www.navygetfit.com](http://www.navygetfit.com) and log in your fitness points. The points are there, just pick which activities you participate in.

If you have any questions or problems please contact your Youth Fitness Office at 448-4492.

