

# CHILD DEVELOPMENT SERVICE (CDS) SPONSOR/PROGRAM AGREEMENT

For use of this form, see AR 608-10; the proponent agency is DCS, G-1.

## 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 \_\_\_\_\_ TO \_\_\_\_\_    TUES \_\_\_\_\_ TO \_\_\_\_\_    WED \_\_\_\_\_ TO \_\_\_\_\_  
THURS \_\_\_\_\_ TO \_\_\_\_\_    FRI \_\_\_\_\_ TO \_\_\_\_\_    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)

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

## 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

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FEEES AND CHARGES (CDS Personnel)

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RATES FOR PROGRAM SERVICES ARE AS FOLLOWS:

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MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

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AN OVERTIME/LATE FEE OF \$ \_\_\_\_\_ per \_\_\_\_\_ WILL BE CHARGED STARTING AT \_\_\_\_\_ HOURS.

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\*PAYMENT OBLIGATION IS BASED ON HOURS I AGREE TO USE SERVICES NOT ON ACTUAL HOURS OF CHILD ATTENDANCE, UNLESS THEY EXCEED THE HOURS CONTRACTED.

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\*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO ILLNESS, FEES WILL/WILL NOT BE REDUCED.

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\*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO VACATION, FEES WILL/WILL NOT BE REDUCED.

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FEES WILL BE PAID IN THE FOLLOWING MANNER

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FEES AND CHARGES ARE SUBJECT TO CHANGE. PATRONS WILL BE NOTIFIED OF CHANGES 30 DAYS PRIOR TO EFFECTIVE DATE.

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**POLICIES** (CDS Personnel)

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\*CHILD MEDICATION WILL BE ADMINISTERED ONLY UPON MY WRITTEN REQUEST UNDER THE FOLLOWING CDS CONDITIONS

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LAUNDERING CHILD'S/CHILDREN'S SOILED CLOTHING WILL/WILL NOT BE DONE ON A ROUTINE BASIS.

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I WILL PROVIDE THE FOLLOWING TO MEET CDS PROGRAM REQUIREMENTS

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I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH CDS FOR CHILD ABUSE PREVENTION

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

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SIGNATURE OF SPONSOR

DATE

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SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER

DATE