

MCBH MCCS School Age Care (SAC) Program/Drop-in Care request

Drop in participation is based on a first come first serve when space is available for AM, PM and/or full day care.

Child's Name _____

Child Age ___ School _____ Day(s) of care requested: _____

To ensure the safety and well being of your child, parents are required to read the following and sign and date at the bottom.

Eligibility Requirements:

To be eligible to participate in the SAC programs the child must be a current CYTP member and enrolled in Kindergarten through 6th grade. The child must be the dependent of an active duty military, Nonappropriated Fund (NAF) employee or DoD civilian employee.

Required Forms/Information: Failure to complete and sign all required forms and provide pertinent information can result in non-acceptance in the SAC programs.

1. MCCS School Age Care (SAC) **Drop in Care Request**, signature required.
2. MCCS School Age Care (SAC) **Registration Form**, including name and telephone numbers of 3 emergency contacts **OTHER** than the sponsor or spouse. Parents must also provide information for children with special needs, and any medical needs including allergies.
3. MCCS School Age Care (SAC) **Participation Consent and Liability Release Form**, signature is required.
4. **Shot Record**: Parent must provide a copy of child's up to date shots record. (See below for required shots) **Proof of TB test** is required at time of registration. The State Department of Health Regulates frequency of TB tests and annual tests can be required if they determine there is a need.

Age Required	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
2 Months	DTAP 1:	HEP B:	HIB:	IPV 1:	*Pevnar:
4 Months	DTAP 2:	HEP B:	HIB:	IPV 2:	*Pevnar:
6 Months	DTAP 3:	XXXXXXXXXX	HIB:	IPV 3:	*Pevnar:
12 Months	XXXXXXXXXX	HEP B:	XXXXXXXXXX	XXXXXXXXXX	MMR:
15 Months	DTAP 4:	XXXXXXXXXX	HIB:	*Varicella:	*Pevnar:
4-6 Years	DTAP 5:	XXXXXXXXXX	XXXXXXXXXX	IPV 4:	MMR:

* Recommended, not required

COMVAX = HEP B & HIB Combination, PEDVAX = HIB (3 Doses only), PEDIARIX = Hep B, DTAP & IPV

Fees:

- Full day care: \$24.00 per day per child.
- AM only care: \$5.00 per day per child.
- PM only care: \$10.00 per day per child.

Payment of Fees:

- Payment is due upon receiving notice that space is available.
- No registration can be completed without obtaining a CYTP membership card, which is a \$25.00 annual fee and is issued at the CYTP Resource and Referral Office, building 5082 (808) 257-7430. Card renewals will come due annually, and can be renewed at the program site.
- No credit or refund will be given for days missed due to sickness, absences, or disciplinary suspensions.
- Payment can be made at the Youth Activities Office Mon-Fri 0900-1700. Payments may also be made via telephone with a credit card during those hours. Phone: 254-7610
- The Youth Activities Office and its programs are closed on all federal holidays.

Late Pick-up Fees:

- Pick up time is no later than 1800. Pick up after 1800 parent will be assessed at the rate of \$7.50 per child for each fifteen-minute period or any part thereof.

Program Services:

- All program activities provided will be in accordance with the policies and procedures in the most recent Marine Corps Order (MCO) and Standard Operating Procedures (SOP).
- Services include a morning and afternoon snack. Parents are to provide a sack lunch that does not require refrigeration or heating on full-day care days. This is a peanut free program.

Child Accountability:

- Upon entering the center, parents are responsible for both scanning, as well as, signing in your child/children. Children may be picked up by parents/guardians or other person authorized 18 years of age or older, on the registration form. All authorized persons will be asked to show their ID upon pick up. Parents must give advance written permission for any other arrangements.
- As soon as the child is signed out of the program, the child becomes the responsibility of the parents.
- Please notify the center if your child will not be attending the program at 254-7610.
- Three emergency contacts and phone numbers must be provided on the registration form. It is critical that we are able to locate the sponsor, spouse, or emergency contact if your child needs to be picked up.
- Parents are reminded that the center is not responsible for your child's personal items. Children will have a cubby in the center for storage of their belongings.

Student Escorts/Field Trip and Transportation Agreement:

- Various field trips/outings may be scheduled throughout the school year. I understand that field trips are a privilege for my child/children. If my child's behavior is less than favorable, I understand that my child may not be able to attend field trips. Field trips include any activity that goes on outside of the youth activities center. A form will be provided for parents to sign on each trip away from the center.
- I give permission for the above named child to be transported by bus for the purpose of field trips.
- Separate permission forms will be required for signature at the time of the field trips.
- Parent responsible to sign a release form for SAC staff to escort children to and from Mokapu School.

Footwear Policy:

- On 15 August 2009, a new footwear policy will go into effect for all children enrolled in CYTP. Flip flops, sandals, open backs, and bare feet will no longer be allowed inside or outside (play areas) of the facilities. This includes during splash days at the CDC's and swimming/water activities that take place on-site at Youth Activities. The only authorized footwear must be closed toed shoes that have a secure back (at a minimum a sling back).

