



## HOURLY PARENT FEE AGREEMENT

OPNAVINST 1700.9 (series)

### COMPLETION INSTRUCTIONS

All Navy Child and Youth Programs (CYPs) must electronically fill in the child's name, sponsor's name, and signature dates for the sponsor and the CYP Professional prior to reviewing and signing. Government Common Access Card (CAC) electronic signatures or written signatures are accepted.

### SECTION I CHILD'S NAME

<b>Child's Name</b>		<b>Child's Name</b>	
<b>Child's Name</b>		<b>Child's Name</b>	

### SECTION II PARENT'S AGREEMENT

To use hourly care services in CYP, I understand and agree with the following requirements:

- I will pay the established hourly rate per hour per child (1 hour minimum) for hourly care provided at CDCs, 24/7 Centers, and SAC programs. I understand that any portion of an hour is charged at the full-hour rate. Hourly care with a Family Child Care Provider is a private pay agreement between the Provider and me and is not covered by this agreement.
- Hourly reservations may be made, cancelled, and paid for in advance through CYP Online Services.
- I will pay my fees in full daily using CYP Online Services or in person with a credit card before dropping off my child.
- I will be responsible for the full payment for my reserved hours. If my child needs to stay longer, I must contact the program for approval at least 30 minutes in advance of the beginning of my reservation time. If space is not available for the requested additional time, I must pick up my child at the original reservation end time.
- I will make a reservation for a specific amount of time with the understanding that there could be a reservation before and/or after my specified time.
- I will cancel my reservation 24 hours before the scheduled time if it is no longer needed. If the reservation is on a Monday, I may cancel when the program opens on Monday morning.
- I understand that I will lose my reservation if I arrive 30 minutes past the scheduled arrival time. If I do not call or arrive by that time, the reservation will be considered a no-show, and the space will be given to another child.
- I am responsible for the full payment for all reserved hours if I my reservation is a no-show.
- I am required to pick up my child prior to the posted facility closing time. If I do not, I will be charged the established late fee charge in addition to the hourly rate that will continue to be charged until my child is picked up.
- I understand I cannot exceed 12 hours of hourly care in any single day in the CDC or SAC programs.

### SECTION III PARENT & CYP CERTIFICATION

SPONSOR NAME (Print Name)			
SPONSOR SIGNATURE		DATE	
CYP PROFESSIONAL SIGNATURE		DATE	