AF FORM 1181

The Child-Care Permanent Record is maintained at the center and should be updated quarterly by parents. The name of an emergency contact person with home phone and duty phone (if applicable) should be listed on AF Form 1181. The emergency contact should be informed that they have been designated. Either parent's signature authorizes medical treatment, defined as measure necessary to protect your child in a life-threatening situation. Health concerns or other information considered critical should be annotated on AF Form 1181.

- The AF Form 1181 is maintained at the center for ready reference in the event of an accident, emergency or illness. The importance of accurately completing and regularly updating AF Form 1181 cannot be over emphasized. According to guidelines outlined under IAW AFI 34-248 for Child Development Programs, the Child Development Center is prohibited from admitting any child without a completed AF Form 1181. Any information provided by you on AF Form 1181 is protected by the Privacy Act. A copy of AF Form 357, Family Care Plan, if required, must also be completed and updated annually for your child(ren).
- All children must be signed in and out on the AF Form 1182 at the front desk and on AF Form 1930 in the child's classroom by parents or their appointees each time they attend the center. To ensure every child's safety, only parents or their designee may remove a child from the center. Children will not be released to siblings or other children under the age of 14. Identification will be required of all persons when picking up children, unless that person is known and recognized by the front desk and care giving staff.
- Children may not be left at the center for more than ten consecutive hours without a letter from the sponsor's commander. In the event children are left at the center after operating hours, every attempt will be made to contact the parents or the emergency contact by phone. If attempts are unsuccessful, the sponsor's unit will be contacted. As a last resort, security forces will be contacted for assistance in locating the parents or for temporary placement for the child(ren).
- Patrons can be denied child development program services. Examples of reasonable grounds for denial include (but are not limited to) failure to follow child development program rules and policies, inappropriate guidance techniques while at the center, rudeness to child development personnel, inappropriate language, continued tardiness on payments and continued tardiness when picking up children. The Support Group Commander must approve termination of services.

AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101; EO 9397
PRINCIPAL PURPOSES: To provide Youth Flight Programs with authorization for medical treatment in emergency situations; authorization for field trips; identify children and sponsor, record required immunizations; record known allergies; record income data; record special needs requirements; and record special instructions.
ROUTINE USES: Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, state or local governmental agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes including law enforcement and litigation.
DISCLOSURE IS VOLUNTARY: Failure to furnish information, including SSN, will result in denial of admission of child(ren) to Youth Flight Programs. SSN is used for positive identification of individuals and records.

CHILD'S NAME	SPONSOR *(Last, First, Middle Initial)*	SPOUSE *(Last, First, Middle Initial)*	FEES
HOME PHONE	RANK/GRADE	RANK/GRADE	DEROS/ID EXPIRES
ADDRESS	DUTY PHONE	DUTY PHONE	BRANCH OF SERVICE
	ORGANIZATION	EMERGENCY CONTACT	EMERGENCY PHONE
MARITAL STATUS	SPONSOR'S SSN	SPOUSE'S SSN	HOSPITAL PHONE
			PHYSICIAN'S NAME

VACCINE / DATE RECEIVED	BIRTH	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	4-6 YRS	11-12 YRS	14-16 YRS
Hepatitis B										
1st	Hep B-1									
2nd										
3rd		Hep B-2		Hep B-3					Hep B	
4th										
Diphtheria-Tetanus, Pertussis										
1st										
2nd										
3rd		DTP	DTP	DTIP	DTP			DTP OR DTAP	Td	
4th										
5th										
6th										
H.Influenzane type b										
1st										
2nd										
3rd		Hib	Hib	Hib	Hib					
4th										
Polio										
1st										
2nd										
3rd		OPV	OPV	OPV				OPV		
4th										
Measles, Mumps, Rubella										
1st					MMR			MMR OR MMR		
2nd										
Varicella Zoster Virus Vaccine										
1st						VZV			VZV	
2nd										

SEX *(X One)* ☐ MALE ☐ FEMALE

DATE OF BIRTH (Day, Month, Year)

I authorize emergency treatment for the children named hereon:

SIGNATURE

DATE (YYYYMMDD)

SPECIAL INSTRUCTIONS

SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES

OTHER IMMUNIZATIONS AS REQUIRED:			
VACCINE TYPE:		DATE:	
VACCINE TYPE:		DATE:	
VACCINE TYPE:		DATE:	
VACCINE TYPE:		DATE:	

NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:

ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT

AUTHORIZATION FOR FIELD TRIPS

FAMILY INCOME *(Adjusted gross--most recent 1040)*:
PROVIDE ONLY IF REDUCED FEES ARE REQUESTED.

$ _____ SINGLE / DUAL INCOME *(Circle One)* $ _____

PARENT SIGNATURE

IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
REQUEST FOR CARE RECORD

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.

PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

1. DATE OF REQUEST *(YYYYMMDD)*	2. EXPIRATION DATE *(YYYYMMDD)*

3. FAMILY INFORMATION

a. SPONSOR'S NAME *(Last, First, Middle Initial)*	b. SPOUSE'S NAME *(Last, First, Middle Initial)*	
c. CHILD'S NAME *(Last, First, Middle Initial)*	d. CHILD'S DATE OF BIRTH *(YYYYMMDD)*	e. CHILD'S AGE
f. HOME ADDRESS *(Street, City, State, Zip Code)*	g. SPONSOR'S BRANCH OF SERVICE	
	h. DUTY ORGANIZATION	
i. HOME TELEPHONE NUMBER *(Include Area Code)*	j. DUTY TELEPHONE NUMBER *(Include Area Code)*	

k. SIBLING CARE *(Complete a separate form and list name and date of birth for each child requiring care)*

(1) NAME *(Last, First, Middle Initial)*	(2) DATE OF BIRTH *(YYYYMMDD)*	(1) NAME *(Last, First, Middle Initial)*	(2) DATE OF BIRTH *(YYYYMMDD)*

4. PROGRAM(S) DESIRED *(X as applicable)*

	a. FULL-DAY CARE		e. FAMILY DAY CARE (FDC)
	b. PART-DAY CARE		f. PART-DAY ENRICHMENT
	c. SCHOOL-AGE		g. DAY CAMP
	d. SPECIAL NEEDS		

5. AGE GROUP *(X one)*

	a. INFANTS *(0 - 12 months)*
	b. TODDLERS *(13 - 35 months)*
	c. PRESCHOOL *(3 - 5 years)*
	d. SCHOOL AGE *(5+ years)*

6. SPONSOR STATUS *(X one)*

	a. SINGLE MILITARY		e. SINGLE DOD CIVILIAN		i. MILITARY/UNEMPLOYED SPOUSE
	b. DUAL MILITARY		f. RETIRED MILITARY		j. MILITARY/OTHER THAN DOD SPOUSE
	c. MILITARY/DOD SPOUSE		g. MILITARY RESERVE		k. OTHER *(Specify)*
	d. DUAL DOD CIVILIANS		h. NATIONAL GUARD		

7. PRESENT CHILD CARE ARRANGEMENTS *(X as applicable)*

	a. FDC ON-INSTALLATION		d. CIVILIAN CDC		g. IN-HOME CARE
	b. FDC OFF-INSTALLATION		e. MILITARY ALTERNATE CARE		h. NO PRESENT CARE
	c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)		f. NON-MILITARY ALTERNATE CARE		i. OTHER *(Specify)*

8. GENERAL INFORMATION *(X and complete as applicable)*

YES	NO		YES	NO	
		a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? *(If Yes, estimate average annual income lost)*			c. IS CHILD ON OTHER MILITARY WAITING LIST? *(If Yes, name installation)*
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?			d. CURRENT COST OF CARE PER WEEK *(If child is currently in care)*

9. UPDATE REQUIRED PER INSTRUCTIONS *(For Office Use Only)*

	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED *(YYYYMMDD)*					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME *(In months)*					

Reset

Family Child Care
Individual Developmental Plan

About Your Child

Full Name of Child_____

Nickname (if any)_____**Gender–Female**_____**Male**_____

Birth Date_____**Premature – Yes**_____**No**_____

Has your child ever been in out-of-home care before? Yes_____ **No**_____

Type of Care (Example – Family Child Care)_____

How does your child respond to separation from you?_____

_____

Please list all family members living with you and relationships to the child. Include yourself. List ages of brothers and sisters._____

_____

Does anyone in the home speak a language other than English?

_____

If so, what language?_____

Are there any allergies, fears, behavior, or health problems I should know about? Yes_____**No**_____ **Describe:**

_____

_____

Is your child on any type of medication? Yes _____**No**_____
List the medications and their purpose:

_____

Describe your child and what he/she is like:_____

_____

What are your child's favorite foods?_____

_____

What do you consider to be the most important things that I can do for you and your child?_____

_____

Family Child Care
Individual Developmental Plan

FCC Quality Care Survey

To my child care families – Please help me to improve the quality of care your children receive. Return this survey to me – It will help me improve and also evaluate the quality of care your child receives.

1. **How would you rate the quality of care in my home?**

   Needs Improvement Fair Good Excellent

2. **If I could improve something about the quality of care in my home, it would be…**

3. **How would you like to find out about happenings in my home?**

   Newsletters Conversations Daily Notes Emails Other…

4. **What would you like to se more of in my home?**

5. **What would you like to see less of in my home?**

6. **The best thing about bringing my child here is…**

7. **Something I want you to know is…..**

Other Comments and Suggestions:

Family Child Care
Individual Developmental Plan

Family Cultural Survey

Please share with me a little bit about your family.

How can I help make your child feel more at home here?

Are there things that you would like to share with all the children in care? What are they?

Can you share a little about how you celebrate special events in your family like birthdays, holidays, special days, and other traditions?