



MAA AFTER SCHOOL CARE

Provided by
Tracy Kreiter

Background

I have been the After Care director for 13 years. I have been working in childcare for over 30 years. I have 32 credit hours towards an Associate of Arts Degree in Early Childhood Education. My references or resume can be provided upon request.

Guidelines

1. The program is structured for MAA students grades K-8. Older students may be accepted based on teacher's discretion.
2. Applicants must complete Application Form below and return to Tracy Kreiter.
3. Part-time, or "drop-in" care is also available with the same rates/guidelines within this document.

Location

After School Care room (Elementary wing) will be the primary location.

Hours

- Monday – Thursday: After School → 6:00 PM
- Friday: After School → 4:30
- MAA Early Dismissal (1/2 days): After School → 6:00 PM. Available on a sign-up basis. A minimum of 3 students must sign up. If you sign-up and do not show, you will be charged 2 hrs.
- Midland After School Care will not be available on Breaks, Snow Days, Holidays, or child Sick Days.

Pricing

- Price is **\$5.75/hr.** per student, with a 1 hour minimum **per day**.
- **There will be a minimum charge of \$11.50 (2 hours) per month.**
- A half-price discount of **\$2.88/hr.** is available to the 3rd child of one family.
- After the first hour, pricing will be billed for the exact time (per minute) at the rate of **\$5.75/hr.** (Example: if your child stayed for 1.23 hrs., you will be billed for **\$5.75 X 1.23 = \$7.07**).
- The (billed) Start Time will begin at 3:20 (M-Th).
- The (billed) Start Time will begin at 1:30 Fridays.
- The (billed) Start Time will begin at 12:10 on ½ days.
- Parents will be billed monthly. Payment is due on or before the 10th of the following month (just like Midland's tuition schedule).
- **If payment is not received by the 15th, a late fee of 5% of the total bill will be assessed.**
- If payment is not received by the 20th of the month, your child will not be allowed in After Care until payment is made in full.
- Payments will be collected by Tracy Kreiter or the office. Checks should be made payable to *Midland Adventist Academy (MAA)*. For accurate accounting purposes, please only pay the exact amount due.

Activities

- A healthy snack will be provided. (Please list any food allergies or restrictions on Application Form.)
- Homework time. (Homework will not be enforced by the teacher. Only the student knows whether he/she needs to do homework.)
- Socialize with friends.
- Recreation in gymnasium (if available), or outdoor play (weather permitting).
- Kids movie time
- Games/Puzzles/Crafts/Toys

Schedule

Please complete the tentative schedule in the Application Form for the days/times you'll need care. If your child is not going to be present on their regular scheduled day, please email or call/text my cell phone at **(913) 237-7987**. This is to ensure your child's safety and whereabouts.

Pick-up

Pickup location is the front entrance. Please come to the After School Care room to pick-up your child. Please initial the sign-out sheet with actual pick-up time. Please call/text my cell at **(913) 237-7987** if you are running late for pick-up.

APPLICATION FORM

Personal Information

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Mother: _____

Father: _____

Authorized Driver: _____

Address: _____

Billing Email: _____

Main Driver's Phone #: _____

Alternate Driver's Phone #: _____

Emergency Information

Contact/Phone #: _____

Contact/Phone #: _____

Child's Doctor: _____ Doctor's Phone#: _____

Does your child have any food allergies or dietary restrictions? Yes No

Please explain any "Yes" answer here: _____

My child has permission to be released to the following individuals in addition to emergency contact persons listed above.

Name/Relationship: _____

Name/Relationship: _____

Planned Schedule

Monday – Thursday: After School → 6:00 PM

Friday: After School → 4:30 PM

Monday	Tuesday	Wednesday	Thursday	Friday

Consent:

I agree to the terms within this form

Parent's Signature: _____ Date: _____