



MAA AFTER SCHOOL CARE

Provided by
Tracy Kreiter

Background

I am a mother of two daughters (Paige and Peyton), both of whom attend Midland Adventist Academy. I attended Midland grades 1-10 (before they offered 12 grades), and am the daughter of Mr. Vollmer (former MAA teacher of 40+ years). I have 20 years of professional experience in Child Care, including SMMC Child Care Center, YMCA Before and After School program, Head Start, and local nanny positions. I have 32 credit hours towards an Associate of Arts Degree in Early Childhood Education, and am certified in CPR and First Aid. My references or resume can be provided upon request.

Guidelines

1. Program is structured for MAA students grades K-8. Older students may be accepted based on teacher's discretion.
2. 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

Previous MAA Conference Room (Elementary wing) will be the primary location.

Hours

Monday – Thursday: After School → 6:00 PM

Friday: After School → 5:30 PM normal; changes to 4:30 PM from Nov 1 → Feb 1

MAA Early Dismissal (1/2 days): After School → 6:00 PM (Child must bring their own lunch, as MAA does not provide lunch on ½ days.)

MAA Breaks: 7:30 AM → 6:00 PM (Please schedule in advance, and bring your own lunch on full days. A minimum of two children must sign up in order for care to be provided on full days).

Midland After School Care will not be available on Snow Days, Holidays, or child Sick Days.

Pricing

- Price is \$5.25/hr. per student, with a one (1) hour minimum.
- A half-price discount of \$2.50/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 \$5.25/hr. (Example: if your child stayed for 1.23 hrs., you will be billed for \$5.25 X 1.23 = \$6.46).
- The (billed) Start Time will begin at 3:20 PM (M-Th).
- The (billed) Start Time will begin at 1:30 PM Fridays.
- The (billed) Start Time will begin at 12:10 PM on ½ days.
- Full After School Care days during breaks will be billed at \$5.25/hr. for the first four hrs, and \$3.50/hr. thereafter.
- Parents will be billed monthly. Statements will be sent via e-mail on the last business day of the month. **Payment is due on or before the 10th of the following month** (just like Midland's tuition schedule). *Example: January statement will be e-mailed on January 31. Payment is due on February 10 or before.*
- 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 child care 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 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 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: _____