



MAA AFTER SCHOOL CARE

Provided by
Tracy Kreiter

Background

I am a mother of 2 daughters (Paige and Peyton), whom attend(ed) 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 25 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. I 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

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

Hours

Monday – Thursday: After School → 6:00 PM

Friday: After School → 5:30 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.)

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

Pricing

- Price is **\$5.50/hr.** per student, with a 1 hour minimum **per day**.
- **There will be a minimum charge of \$11.00 (2 hours) per month.**
- A half-price discount of **\$2.75/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 **\$5.50/hr.** (Example: if your child stayed for 1.23 hrs., you will be billed for **\$5.50 X 1.23 = \$6.77**).
- 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 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/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 → 5:00 or 4:30 PM

Monday	Tuesday	Wednesday	Thursday	Friday

Consent:

I agree to the terms within this form

Parent's Signature: _____ Date: _____