

2018/2019 MVWS
Aftercare Standing Reservation Contract

Grades Aftercare: Available on a monthly basis at the rate of \$7 per hour (additional siblings at \$2 per hour). Standing reservations are binding and will be paid in advance. Extra days and hours may be added at the Drop-In or Unannounced rate as needed. Please refer to the Extended Day Program Information sheet for more details.

Early Childhood Aftercare: 2-hour program from 1:15-3:15 p.m. with a day rate of \$14 per child. No prorations of this day rate.

- Preschoolers must be picked up by 3:15 p.m.
- Kindergarteners can transfer to the Grades Aftercare at 3:15 p.m. only with a reservation. Unannounced transfer to Grades aftercare will be \$11 per hour.

Grades Aftercare begins as soon as classes are dismissed until 5:30 p.m. Students who are picked up after 5:30 p.m., will be charged a **late fee** of \$25. Repeated late pick-ups from Aftercare may result in loss of Aftercare privileges at the Administration's discretion.

Billing: Please see the Extended Day Program Information for details on billing, proration by quarter-hour and reservation requirements. Services that fall under "Billed" will be calculated at the end of each month, with invoices sent out at the beginning of the following month. Please direct all questions regarding billing to Pam at business.admin@maplevillageschool.org.

Student's name: _____ Class/Grade: _____
Student's name: _____ Class/Grade: _____

Please create a standing reservation for my child(ren) to be in Aftercare on the following days & times (*example: Mondays & Tuesdays 3-5p for the month of September*):

Month(s) of Service: _____ OR Annual Reservation (Y/N): _____

of Days: _____ Total # of Hours: _____ Cost of Month \$ _____

Days & \$ Per Month: Sept # _____ / \$ _____ Oct # _____ / \$ _____ Nov # _____ / \$ _____
Dec # _____ / \$ _____ Jan # _____ / \$ _____ Feb # _____ / \$ _____ Mar # _____ / \$ _____
Apr # _____ / \$ _____ May # _____ / \$ _____ June # _____ / \$ _____

I understand that I will be pay for these hours listed above upfront and will be billed at the appropriate rate for hours used beyond this contract. I agree to the terms outlined in the Extended Care Information sheet.

Parent/guardian signature: _____ Date: _____

Parent/guardian name (print): _____