



Adventist Malama Elementary School

After School Care Program

Student Name(s) _____ Date: _____

Parent Name Print : _____ Parent Signature: _____

SERVICE	HOURS	COST	DISCOUNTS
Early Bird Care (EBC) <i>[36 weeks total]</i>	6:00 AM – 7:00 AM <i>(Monday – Friday)</i> <i>*does not include for Outdoor School days*</i>	\$5.00/day	None
After School Care (ASC) <i>[36 weeks total]</i> *The monthly tuition is a flat rate and does not depend on the number of days attended.*	2:45 PM – 5:15 PM <i>(Monday – Thursday)</i>	\$15.00/day (To be used in cases of emergency)	None
		\$40.00/week	None
	11:45 AM – 3:45 PM <i>(Friday)</i> <i>*does not include for Outdoor School days*</i>	\$140.00/month	\$100.00 for month of August ONLY (\$140/month beginning Sept)
Tutoring <i>[36 weeks total]</i>	<i>Same as ASC Hours</i>	\$20.00 per half hour	None
		\$40.00 per hour	

*Payments are due no later than the **1st Tuesday of each month** or at the **beginning/end of each week** unless prior arrangements have been made with the *school office*. Failure to communicate on payment methods will result in no admittance till your account has been settled. Parents with

unregistered students will be called to immediately pick up your child(ren). ***PLEASE BRING EXTRA SNACKS FOR YOUR CHILD(REN). Please review and complete the following required form & return it to the office immediately!** If you have any questions please contact Ruejeina (808)-696-3988 or email at office@adventistmalama.org. *Mahalo!*





Please fill out form and return with money to school office. Mahalo nui.

Student Name(s) _____ Date: _____

Parent Name Print : _____ Parent Signature: _____

Please initial your choice for each service:

Before School Care

_____ I will be paying up front each time I drop my child off early OR by the end of the school day. Failure on my part to do so will result in my child not being allowed into the Early Bird School Care Program.

After School Care

_____ I will be paying **monthly the cost of \$140.00** (\$100.00 for the month of August only) for my child(ren) to participate in the After School Care Program. I understand that the hours of operation are from 2:45 PM – 5:15 PM. I will not be late to picking up my child(ren) and if I am due to traffic or any other circumstances that I cannot prevent, I will notify Mrs. Workman of my ETA. I also agree to pay the monthly amount as stated on this form by the 1st Tuesday of every month. Failure to miss payment deadline, will result in an immediate phone call to pick my child(ren) up at 2:30 PM.

_____ I will be paying **weekly the cost of \$40.00** for my child to participate in the After School Program. I understand that the hours of operation are from 2:45 PM – 5:15 PM. I will not be late to picking up my child(ren) and if I am due to traffic or any other circumstances that I cannot prevent, I will notify Mrs. Workman of my ETA. I also agree to pay the weekly amount as stated on this form by either Monday or Friday. Failure to miss payment deadline or communicate when payment will be made, will result in an immediate phone call to pick my child(ren) up at 2:30 PM.

Tutoring (consequences for lack of payment are same as After School Care)

I will be paying (please circle one) **weekly** or **monthly** for my child(ren)s' tutoring sessions.

I want my child(ren) to be tutored in (please circle one) **math** or **reading** or **both**.

I want my child(ren) to be tutored for (please circle one) **30 min** or _____ **hours** per day.

I want my child(ren) to be tutored this many days per week (please circle one): **Mon** **Tues** **Wed** **Thurs** **Fri**