FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# LEE'S SUMMIT SCHOOL DISTRICT PRE-K BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2026-2027

**Program Hours of Operation: 6:30-9:10 a.m.**
**4:10-6:00 p.m.**

## BEFORE AND AFTER PRE-K

**Ages 3-5**

We offer care at the following schools:

- Prairie View

## Enrollment Information

**Ways to Enroll**

| | |
|---|---|
| Online Preferred Method * | KansasCityYMCA.org/YClub<br>Full-Time |
| Email | YClubSupport@KansasCityYMCA.org |
| Mail-In | Association Resource Center<br>6901 Shawnee Mission Pkwy #300<br>Overland Park, KS 66202 |
| Fax | 816.931.1847 |

**Weekly Fees**

| **Program** | **Fees:** |
|---|---|
| Before AND After School | $108.00 |
| Before School Only | $85.00 |
| After School Only | $85.00 |
| **Registration Fee** | $80.00 |

- District employee discount, available to Lee's Summit School District employees of 20% for each child enrolled FULL TIME (Does not apply to 3rd party or scholarship).

**Enrollment Dates**

- **May 13:** Enrollment begins for all families

**OUR MISSION**
The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY

**IMPORTANT:** Pre-K registration closes when a site reaches capacity. If site capacity is reached, you may request to be placed on the wait list. Minimum program enrollment numbers must be met for a Y Club program to occur.

**Program Information**

- At the time of enrollment, the registration fee is due.
- Payments are due weekly and can be paid by electronic draft, online or by check/money order at your school to the YMCA staff. Check payments are due on Monday one week prior to the week of care.
- Programs are licensed and participate in the child care state subsidy program.
- Financial assistance is available for those who qualify (based on availability.)
- Fees are based on enrollment and not on attendance. Fees are not pro-rated based on the number of days in a week.
- Registrations for future start dates require payment for all weeks up to the start date.
- Changes to enrollment are based on availability and are required in writing one business week prior to the effective date of the change.
- Withdrawing from the program requires one week's notice in writing on the Change/Drop Request form.
- Because we are committed to protecting your privacy, email payment information is not accepted.

**Program and Administrative Fees**

- A late payment fee of $20 is charged if your payment is received after the due date.
- A late pickup fee of $1 is charged per minute per child. Late pickup fees are added to your weekly tuition.
- Administrative Fee for enrollment changes: $25 per request.
- Reenrollment Fee (if your child leaves the program and returns in the same school year): $25.

**Public Health Disclaimer**

In the event Y Club services must be closed for a period of time by the school district or government office, 50% of the program fee may be required to ensure program continuity.

For more information, visit KansasCityYMCA.org/YClub. For program and account information, call the Youth Development Services Support Line at 816.360.3390 or email us at YClubSupport@KansasCityYMCA.org.

the YMCA

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**For Office Use Only:**

| Customer ID | |
|---|---|
| Signature | Date Processed |

Please type or print neatly and complete all sections. Incomplete or illegible registration forms will not be processed.

## Participant Information

| Child's Name | Date of Birth | ☐ Male ☐ Non-Binary ☐ Female ☐ Other _____ | Grade - Fall 2026 |
|---|---|---|---|
| Address | | | |
| City | State | Zip | |
| Primary Guardian Name | | | |
| Employer | | | |
| Primary Phone | Mobile Phone | | |
| Email | | | |
| Secondary Guardian Name | | | |
| Employer | | | |
| Primary Phone | Mobile Phone | | |
| Email | | | |

Grant funds from a variety of sources support this program. By answering this question, you will help us respond to our funders' requests for demographic data. No personal or identifying information will be shared.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Pacific Islander ☐ White

☐ Two or More Races ☐ Prefer Not To Answer

What is your child's primary language? _____

Has your child ever been diagnosed with allergies, AD(H)D, Autism, emotional health disorders, or hearing disabilities? If yes, please describe:

_____

Does your child have an IEP or 504? If yes, please describe: _____

Will your child be required to take medication while at the program? If yes, please describe: _____

Does your child require special assistance? If yes, please describe: _____

Emergency Contact and Authorized Pick Up **(Other than parent or guardian)**:

Name _____ Phone _____

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Child's Name _____
Last Name First Name

## Enrollment Information

Is your child 100% toilet trained? ☐ yes ☐ no

Program:

☐ Full-Time Before AND After School ($108) ☐ Full-Time Before School Only ($85) ☐ Full-Time After School Only ($85)

## Payment Information

**PAYER INFORMATION:** A person, other than the primary guardian may pay for the weekly payments. If the person who will be responsible for payments is different than the primary guardian please complete this section. Each account may have one payer. **Splitting balances between multiple parties is not available.**

| Payer Name | Payer Phone Number |
|---|---|
| | |

Address

| City | State | Zip |
|---|---|---|
| | | |

### Y CLUB WEEKLY PAYMENT OPTIONS

☐ Pay by check/money order at site weekly on Monday one week prior ☐ Draft by credit card/checking account weekly on Friday

**For automatic drafts please select one of the following account options**

☐ Please draft from my card information below

☐ Please draft from my attached VOIDED checking account information

**YMCA Annual Campaign**
Included is an additional amount to contribute to another youth's participation in Y Club who might not be able to participate without our donation. $ _____

☐ Check # _____ ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Last 4 Digits of Credit/Debit Card ☐☐☐☐ Expiration Date _____
month/year

I understand that the registration fee is non-refundable and non-transferable, except for medical reasons, in which case a doctor's note must accompany a refund or transfer request. I understand that my child may not attend the Y program until the Emergency Information Packet, which includes Enrollment Form, Health History Form and Authorization for Emergency Medical Care Form, is completed and provided to the Y Club at the school they will be attending.

I acknowledge that I have read the Y Club Before and After School Program information sheet.

**Payer Signature** _____ **Date** _____

### FINANCIAL ASSISTANCE

Thanks to the generosity of donors, the Y provides financial assistance to those who qualify. Please submit a YMCA financial assistance application to be considered. All forms must be complete for an application to be entered into the review process.

### WAYS TO ENROLL

Because we are committed to your privacy, we do not accept payments via email.

**MAIL-IN**
Association Resource Center
6901 Shawnee Mission Pkwy #300
Overland Park, KS 66202

**FAX**
816.931.1847

**EMAIL**
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