



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CROSSROADS CHARTER SCHOOLS Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2022-2023

**Program Hours of Operation: 6:30 a.m.–6 p.m.**

## BEFORE AND AFTER SCHOOL

Full Day Kindergarten enrollee to 12 years of age

The Y Club program is a great place to be before and after school with a lot of positive staff interaction and learning opportunities. We provide an after school snack, physical fitness time, homework time, and a wide variety of other activities, including time to socialize with friends and play games.

We offer care at the following schools:

- Central Street, 1011 Central Street, Kansas City, MO 64105

Quality Hill students who enroll will be bused from Central Street to Quality Hill before school and from Quality Hill to Central after school. Parents will drop off and pick up at Central Street.

## Enrollment Information

### Ways to Enroll

Online Preferred Method	KansasCityYMCA.org/YClub Full-Time
Mail-In	Association Resource Center 3100 Broadway, Suite 1020 Kansas City, MO 64111
Fax	816.931.1847

### Weekly Fees

Program	Fees
Before AND After School	\$75.00
Before School Only	\$60.00
<b>Registration Fee</b>	<b>\$35.00</b>

There are scholarships for tuition available on a limited basis for families that qualify for free and reduced lunch. Scholarships are awarded on a first come, first served basis. Please submit a copy of your free or reduced lunch letter from the school district to qualify.

### Enrollment Dates

- **May 11:** Enrollment begins for all families.
- **July 30:** Must register by July 30 to be eligible for a first day of school start date. Your email receipt will serve as a registration confirmation. Minimum program enrollment numbers must be met for a Y Club program to occur.

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

### 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

**Program Information**

- At the time of enrollment, the registration fee plus the first week of payment 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.
- 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 registrations and email payment information are not accepted.

**Discipline Policy**

Our discipline policy is youth-centered and designed to achieve a positive outcome to misbehaviors and conflicts. We acknowledge good behaviors. We respond to misbehaviors and conflicts in an appropriate manner. We have zero-tolerance for violence and bullying; we follow the school or district policy in which the programs is held. We have the right to suspend or expel children from our programs if they or their families threaten the safety or interfere with the sustainability of a quality program. When misbehaviors occur, we will redirect behaviors, discuss the situation, and suggest a more appropriate course of action. We will also develop a guidance plan and when necessary, meet with families to resolve the misbehavior. If inappropriate behavior continues, it might be necessary to implement consequences such as loss of privilege or a brief separation from the group. If timeout is used, it will be no longer than 1 minute per year of age. Group timeouts are prohibited by the Y.

**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 due when your child is picked up.
- Administrative Fee for enrollment changes: \$25 per request.
- Reenrollment Fee (if your child leaves the programs 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](http://KansasCityYMCA.org/YClub). For program and account information, call the Youth Development Services Support Line at 816.360.3390.



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**CROSSROADS CHARTER SCHOOLS  
Y CLUB BEFORE AND AFTER SCHOOL  
PROGRAM ENROLLMENT  
2022-2023**

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	<input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Grade - Fall 2022
Address			
City	State	Zip	
Primary Guardian Name			
Employer			
Primary Phone	Mobile Phone		
Email			
Secondary Guardian Name			
Employer			
Primary Phone	Mobile Phone		
Email			

**Enrollment Information**

Program:	<input type="checkbox"/> Before AND After School \$75.00	<input type="checkbox"/> Before School Only \$60.00
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1. Does your child take any medications on a daily basis? If yes, please list: \_\_\_\_\_
2. Will your child be required to take medication while at the program? If yes, please describe: \_\_\_\_\_
3. Has your child ever been diagnosed with allergies, AD(H)D, Autism, emotional health disorders, or hearing disabilities? If yes, please describe: \_\_\_\_\_
4. Does your child have an IEP or 504? If yes, please describe: \_\_\_\_\_
5. Does your child require special assistance? If yes, please describe: \_\_\_\_\_
6. What is your child's primary language? \_\_\_\_\_

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Child's Name \_\_\_\_\_  
Last Name First Name

### 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 Sunday

**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

**Registration fee and first week's tuition amount \$ \_\_\_\_\_**

**(Registration WILL NOT be processed without payment. Cash not accepted.)**

### 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

Card Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_

### WAYS TO ENROLL

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

**MAIL-IN**  
Association Resource Center  
3100 Broadway, Suite 1020  
Kansas City, MO 64111

**FAX**  
816.931.1847