



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2022-2023

**Program Hours of Operation: 7 a.m.-6 p.m.**

## PRESCHOOL AND PRE-K PROGRAMS

Full-day YMCA Preschool and half-day Pre-K options available. Half-day program participants must qualify through Shawnee Mission School District to register.

We offer care at the following schools:

- |  |   |
|--|---|
| <p><b>Full-Day Preschool or<br/>Half-Day Pre-K</b></p> <ul style="list-style-type: none"> <li>• Highlands</li> <li>• Santa Fe Trail</li> </ul> | <p><b>Half-Day Pre-K</b></p> <ul style="list-style-type: none"> <li>• Bluejacket Flint</li> </ul> |
|--|---|

## Enrollment Information

### Ways to Enroll

Mail-In	YMCA of Greater Kansas City 3100 Broadway, Suite 1020 Kansas City, MO 64111
Fax	816.931.1847

### Weekly Fees

Program	Time Options	Fee
<b>Full-Day Preschool</b>	7 a.m. – 6 p.m.	\$170.00
<b>Half-Day A.M. Pre-K with After Pre-K Care</b>	7 a.m. – Noon 3:15 – 6 p.m.	\$100.00
<b>Half-Day P.M. Pre-K with Before and After Pre-K Care</b>	11 a.m. – 3:15 p.m. 7 – 8 a.m. (before) 3:15 – 6 p.m. (after)	\$100.00
<b>Half-Day Session AM or PM with <u>NO</u> Before or After Pre-K Care</b>	8:10 a.m. – Noon OR 11:00 a.m. – 3:15 p.m.	\$85.00
<b>Drop-Ins</b>	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.	
<b>Registration Fee</b>	\$75.00	

\*Full-day programs must be submitted through mail-in or fax.

\*\*Families enrolled in Shawnee Mission School District part-day Pre-K programs are given enrollment preference for Y half-day preschool programs. Registration for families not enrolled in Shawnee Mission School District part-day Pre-K programs will begin July 28.

### 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.
- 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 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.

For more information, visit [KansasCityYMCA.org/YClub](http://KansasCityYMCA.org/YClub). For program or account information, call the YDS Support Line at 816.360.3390.



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# SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 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 _____
Address			
City	State	Zip	
Primary Guardian Name			
Employer			
Primary Phone		Mobile Phone	
Email			
Secondary Guardian Name			
Employer			
Primary Phone		Mobile Phone	
Email			

## Enrollment Information

<b>Program:</b> <input type="checkbox"/> Full-Day Preschool \$170 (Highlands and Santa Fe Trail) <input type="checkbox"/> Part-Day Pre-K with Before and After Pre-K Care \$100 (Available at all sites.) <input type="checkbox"/> A.M. Pre-K (7 a.m.-Noon, 3:15-6 p.m.) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:15 p.m., 7-8 a.m. (before) and 3:15-6 p.m. (after))	• Full-time care is 4 to 5 set days per week <input type="checkbox"/> Part-Day Pre-K <b>NO</b> Before and After Pre-K Care \$85 (Available at all sites.) <input type="checkbox"/> A.M. Pre-K 8:10 a.m.- Noon) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:15 p.m.)
<b>Location:</b> <input type="checkbox"/> Bluejacket Flint <input type="checkbox"/> Highlands <input type="checkbox"/> Santa Fe Trail	

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

YMCA of Greater Kansas City  
3100 Broadway, Suite 1029  
Kansas City, MO 64111  
Phone: 816.360.3390

#### FAX

816.931.1847