



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHAWNEE MISSION SCHOOL DISTRICT
PRESCHOOL PROGRAM
2023-2024

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

Program: Full-D~~ay~~ Preschool \$10 (Highlands and Santa Fe Trail)
 • Full-time care is 4 to 5 set days per week

<input type="checkbox"/> Part-Day Pre-K with Before and After Pre-K Care \$105 (Available at all sites.) <input type="checkbox"/> A.M. Pre-K (7 a.m.-12:15 p.m., 3:10-6 p.m.) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:10 p.m., 7-8 a.m. (before) and 3:10-6 p.m. (after))	<input type="checkbox"/> Part-D ay Pre-K <u>NO</u> Before and After Pre-K Care \$80 (Available at all sites.) <input type="checkbox"/> A.M. Pre-K 8:10 a.m.- 12:15 p.m.) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:10 p.m.)
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Location: Bluejacket Flint Highlands Santa Fe Trail

Is your child 100% toilet trained? Yes No

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

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

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

FAX

816.931.1847