

## SHAWNEE MISSION SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2023-2024

Program Hours of Operation: 7 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:

• Belinder

• Christa McAuliffe

Pawnee

Roesland

• Bluejacket Flint

• East Antioch

Prairie

• Santa Fe Trail

• Brookridge

Highlands

• Ray Marsh

Westwood View

## **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	Full-Time	Part-Time**	
Before AND After School	95.00	\$90.00	
Before School Only	\$75.00	\$70.00	
After School Only	\$90.00	\$85.00	
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.		
Registration Fee	\$75.00		

<sup>\*\*</sup> Part-time openings are available in limited quantities and schedules and need to be submitted by paper registration.

• Weekly sibling discount of 10% for each additional child enrolled FULL TIME at the same site (Does not apply to the registration fee, part-time, 3rd party or scholarship).

#### **Enrollment Dates**

- May 10: Full-time enrollment begins for all families.
- July 3: Part-time enrollment begins.
- July 14: Thanks to the generosity of donors, the Y provides financial assistance to those who qualify. July 14, 2023, is the deadline to apply for financial assistance and have your award begin on the first day of school. Financial assistance applications will be accepted after July 14, and awards for those who qualify will be based on availability. All forms must be complete for an application to be entered into the review process.
- August 7: Must register by August 7 to be eligible for a first day of school start date. Your email receipt will serve as a registration confirmation.

**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.

### **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.
- 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.
- Requesting a change from full-time to part-time does not guarantee availability of a part-time spot.
- 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 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. For program and account information, call the Youth Development Services Support Line at 816.360.3390.



## FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# SHAWNEE MISSION SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2023-2024

For Office Use Only:

Customer ID					
Signature	Date Processed				
Please type or print neatly and complete all s	ections. Incomplete or illegible regis	tration forms will not be processe	ed.		
Participant Information					
Child's Name	Date of Birth	<ul><li>Male</li><li>Non-Binary</li><li>Female</li><li>Other</li></ul>	Grade - Fall 2023		
Address		ı	'		
City			State Zip		
Primary Guardian Name					
Employer					
Primary Phone	Mobile Phone	Mobile Phone			
Email					
Secondary Guardian Name					
Employer					
Primary Phone	Mobile Phone				
Email					
orant funds from a variety of sources support th lemographic data. No personal or identifying inf	is program. By answering this quest ormation will be shared.	ion, you will help us respond to o	ur funders' requests for		
American Indian or Alaska NativeAsian _	Black or African AmericanHis	spanic or LatinoPacific Island	erWhite		
Two or More RacesPrefer Not To Answe	r				
Vhat is your child's primary language?					
las your child ever been diagnosed with allergie	s, AD(H)D, Autism, emotional health	disorders, or hearing disabilities?	If yes, please describe:		
Does your child have an IEP or 504? If yes, pleas	e describe:				
Vill your child be required to take medication wh	nile at the program? If yes, please de	escribe:			
Ooes your child require special assistance? If yes	s, please describe:				
mergency Contact and Authorized Pick Up <b>(Oth</b>	er than parent or guardian):				
Name	Phone				

#### **OUR MISSION**

Child's Namo	e					
	Last Name		First Name			
Enrollment Information						
List School. School name REQUIRED to proce	ess enrollment.					
Program: Full-Time Before AND After Sch		efore School Only \$75.00 Before School Only \$70.00	☐ Full-Time After School Only \$90.00 ☐ Part-Time After School Only \$85.00			
If Part-Time: Monday Tuesday [	☐ Wednesday ☐ Thursday	Friday Drop-In				
<ul> <li>Part-Time rates apply to care for 3 set days. Part-time care is offered on a limited basis.</li> <li>Full-time care is 4 to 5 set days per week.</li> </ul>						
Payment Information						
PAYER INFORMATION: A person, other responsible for payments is different that Splitting balances between multiple pa	n the primary guardian plea					
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/o	hecking account weekly on Sunday			
For automatic drafts please select one o	f the following account opti	ons				
☐ Please draft from my card information b	elow Please draft fron	n my attached VOIDED checkin	g account information			
Registration fee and first week's tuit	ion amount \$					
(Registration WILL NOT be processed wi	thout payment. Cash not ac	cepted.)				
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 ☐ Ameri	can Express			
Last 4 Digits of Credit/Debit Card		ation Date				
	Expira	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		D	ate			
FINANCIAL ASSISTANCE						
Thanks to the generosity of donors, the Y application to be considered. All forms mus						
WAYS TO ENROLL						
Because we are committed to your privacy	, we do not accept payments	via email.				
MAIL-IN Association Resource Center	<b>FAX</b> 816.931.1847					
3100 Broadway, Suite 1020 Kansas City, MO 64111	2.3.33 0 17					