

TURNER 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.

Participating free or reduced lunch rate schools:

- Junction
- Midland Trail
- Oak Grove Turner

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	65.00
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.
Registration Fee	\$35.00

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 10: Enrollment begins for all families.
- August 7: Must register by August 7 to be eliqible 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.
- 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 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

TURNER SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2023-2024

For Office Use Only:

Customer ID							
Signature	re Date Processed						
Please type or print neatly and complete all sect	ions. Incomplete or illegible regist	ration forms will not be pr	ocessed.				
Participant Information							
Child's Name	Date of Birth	Male Non-Bin	·				
Address	·		·				
City	5	State Zip					
Primary Guardian Name							
Employer							
Primary Phone	Mobile Phone						
Email							
Secondary Guardian Name							
Employer							
Primary Phone	Mobile Phone						
Email							
irant funds from a variety of sources support this permographic data. No personal or identifying inform	program. By answering this question at the state of the state of the stared.	on, you will help us respon	d to our funders' requests for				
American Indian or Alaska NativeAsian	Black or African AmericanHisp	panic or LatinoPacific	IslanderWhite				
Two or More RacesPrefer Not To Answer							
hat is your child's primary language?							
as your child ever been diagnosed with allergies, A							
oes your child have an IEP or 504? If yes, please o							
/ill your child be required to take medication while	at the program? If yes, please des	cribe:					
oes your child require special assistance? If yes, p	lease describe:						
mergency Contact and Authorized Pick Up (Other t	than parent or guardian):						
ame	Phone						

OUR MISSION

Child's Nam	e							
	Last Name		First Name					
Enrollment Information								
Select School: Junction Midla	and Trail 🔲 Oak Grove [Turner						
Program: Before AND After School S	\$65.00							
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 Numl	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 c	ard/checking account weekly on Sunday					
For automatic drafts please select one of		_ ,	aru/checking account weekly on Junuay					
Please draft from my card information b			ecking account information					
Registration fee and first week's tuit	tion amount \$							
(Registration WILL NOT be processed wi		_						
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								
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 Pro	gram 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 3100 Broadway, Suite 1020	FAX 816.931.1847							
Kansas City, MO 64111								