



**PLATTE COUNTY  
NO SCHOOL DAYS ENROLLMENT FORM  
2023-24 SCHOOL YEAR**

**Platte County School District**  
**No School Days for September - November**  
**Hours: 6:30 a.m. - 6 p.m.**

**Information You Should Know About No School Days**

- Register early. All registrations will close one week prior to the scheduled No School Day.
- Tuition is \$30 per child per day. **It is non-refundable and non-transferable.** Payment is due at time of registration.
- **If child is not registered for 2023-24 Y Club**, you will be automatically charged a \$75 one-time registration fee.
- You must bring a copy of your child’s emergency packet to the No School Day location.
- You must bring a sack lunch. A morning and afternoon snack will be served.
- Programs are subject to cancellation when low enrollment occurs. Decisions will be made one week before the scheduled No School Day.

**Registration Options**

| <b>Online Preferred Method</b>  | <b>Walk-In</b>   | <b>Fax</b>                        |
|---|--|-----------------------------------|
| KansasCityYMCA.org/YClub<br>Online option closes one week prior to scheduled No School Day. | Association Resource Center<br>3100 Broadway Street, Suite 1020<br>Kansas City, MO 64111 | 816.931.1847<br>Credit card only. |

Registrations will not be accepted at your child’s school, via email or by mail.

| <b>Choose Your Dates</b>   | <b>Choose Your Location</b>   |
|--|---|
| <input type="checkbox"/> September 11<br><input type="checkbox"/> October 20<br><input type="checkbox"/> November 3<br><input type="checkbox"/> November 6 | <input type="checkbox"/> <b>Pathfinder</b><br>1951 NW 87 <sup>th</sup> Terrace, Kansas City, MO 64154 |

**Participant and Payment Information**

Child’s name \_\_\_\_\_ School child normally attends \_\_\_\_\_

Parent’s name \_\_\_\_\_

Home phone \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Payment type    Visa     MasterCard     Discover     Amex     Check     Scholarship % \_\_\_\_\_

SRS  (payment must be called in prior to sign-up – we need amount, date and confirmation number)

Credit card no. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount due \_\_\_\_\_ Billing zip code for credit card \_\_\_\_\_

Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make your payment for No School Day care separate from your weekly fee payment.**