

**Platte County School District  
No School Days for February-April  
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**

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

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

Choose Your Dates	Choose Your Location
<input type="checkbox"/> February 16 <input type="checkbox"/> March 28 <input type="checkbox"/> February 19 <input type="checkbox"/> March 29 <input type="checkbox"/> March 25 <input type="checkbox"/> April 15 <input type="checkbox"/> March 26 <input type="checkbox"/> March 27	<input type="checkbox"/> <b>Barry Elementary</b> 2001 NW 87th 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)

Last four digits of credit card \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

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