

SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2024–2025

Program Hours of Operation: 7 a.m.-6 p.m.

PRESCHOOL AND PRE-K PROGRAMS

Half-day Pre-K enrollment is now open. Please submit this form to register. Half-day program participants must qualify through Shawnee Mission School District register.

We offer care at the following schools:

• Bluejacket Flint

Roesland

Highlands

• Santa Fe Trail

Full-day Preschool enrollment opens in May. Forms for Full-Day Preschool will not be accepted until enrollment opens.

Enrollment Information

Ways to Enroll

Mail-In	YMCA of Greater Kansas City 3100 Broadway, Suite 1020 Kansas City, MO 64111
Fax	816.931.1847

Weekly Fees

Program	Time Options	Fee	
Half-Day A.M. Pre-K with After Pre-K Care	7 a.m. – 12:15 p.m. 3:10 – 6 p.m.	\$105.00	
Half-Day P.M. Pre-K with Before and After Pre-K Care	11 a.m. – 3:10 p.m. 7 – 8 a.m. (before) 3:15 – 6 p.m. (after)	\$105.00	
Half-Day Session AM or PM with NO Before or After Pre-K Care	8:10 a.m. – 12:15 OR 11:00 a.m. – 3:10 p.m.	\$80.00	
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.		
Registration Fee	\$75.00		

^{*}Registration form must be submitted through mail-in or fax.

^{**}YMCA half-day Pre-K programs are only available for families enrolled in Shawnee Mission School District part-day Pre-K programs.

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.
- 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.
- · 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, emailed payment information is not accepted.

Discipline Policy

Our discipline policy is youth-centered and designed to achieve a positive outcome to misbehaviors and conflicts. We acknowledge good behaviors. We respond to misbehaviors and conflicts in an appropriate manner. We have zero-tolerance for violence and bullying; we follow the school or district policy in which the programs is held. We have the right to suspend or expel children from our programs if they or their families threaten the safety or interfere with the sustainability of a quality program. When misbehaviors occur, we will redirect behaviors, discuss the situation, and suggest a more appropriate course of action. We will also develop a guidance plan and when necessary, meet with families to resolve the misbehavior. If inappropriate behavior continues, it might be necessary to implement consequences such as loss of privilege or a brief separation from the group. If timeout is used, it will be no longer than 1 minute per year of age. Group timeouts are prohibited by the Y.

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.

For more information, visit KansasCityYMCA.org/YClub. For program or account information, call the YDS Support Line at 816.360.3390.



SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2024-2025

Customer ID					
Signature		Date Processed			
Please type or print neatly and complete all sections. Incomplete o	r illegible regi	stration forms will n	ot be processed.		
Participant Information					
Child's Name		Date of Birth	☐ Male ☐ Non-Binary ☐ Female ☐ Other		
Address		,			
City		State	Zip		
Primary Guardian Name					
Employer					
Primary Phone	Mobile Phone				
Email					
Secondary Guardian Name					
Employer					
Primary Phone	ry Phone Mobile Pho		ne		
Email					
Enrollment Information					
Program: Full-Day Preschool Enrollmer	nt Opens in May	2024			
		Part-Day Pre-K <u>NO</u> Before and After Pre-K Care \$80 (Available at all sites.)			
A.M. Pre-K (7 a.m12:15 p.m., 3:10-6 p.m.)					
P.M. Pre-K (11 a.m3:10 p.m., 7-8 a.m. (before) and 3:10-6 p.m. (after)] P.M. Pre-K (11 a.m.	-3:10 p.m.)		
Location: Bluejacket Flint Highlands Ro	oesland	Santa l	Fe Trail		
Is your child 100% toilet trained?					

OUR MISSION

	Last Name		First Name		
Payment Information					
PAYER INFORMATION: A person, other that responsible for payments is different than Splitting balances between multiple partic	the primary guardian please				
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 of t					
Please draft from my card information belo		ny attached VOIDED checkin	g 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 ☐ Amer	ican Express		
Last four digits of credit card:					
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			Jate		
WAYS TO ENROLL					
Because we are committed to your privacy, we do not accept registration forms or payments via email.					
MAIL-IN YMCA of Greater Kansas City 3100 Broadway, Suite 1029 Kansas City, MO 64111 Phone: 816.360.3390	FAX 816.931.1847				

Child's Name ___