

# SPRING HILL SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2024-2025

Program Hours of Operation: 6:30 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:

- Prairie Creek
- Timber Sage
- Wolf Creek
- · Dayton Creek

### **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

#### **Enrollment Dates**

- May 7: Full-time enrollment begins for all families.
- July 1: Part-time enrollment begins.
- July 15: Thanks to the generosity of donors, the Y provides financial assistance to those who qualify. July 15, 2024, 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 6: Must register by August 6 to be eligible for a first day of school start date. Your email receipt will serve as a registration confirmation.

#### **Weekly Fees**

Program	Full-Time	Part-Time**	
Before AND After School	\$99.00	\$94.00	
Before School Only	\$80.00	\$75.00	
After School Only	\$95.00	\$90.00	
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.		
Registration Fee	\$75.00		

- Weekly sibling discount of 10% for each additional child enrolled FULL TIME at the same site (Does not apply to the registration fee, parttime, 3rd party or scholarship).
- District employee discount, available to Spring Hill School District employees of 20% for each child enrolled FULL TIME (Does not apply to the registration fee, part-time, 3rd party or scholarship).

**IMPORTANT:** Y Club registration closes when a site reaches capacity. If site capacity is reached, you may request to be placed on the wait list. Minimum program enrollment numbers must be met for a Y Club program to occur.

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

#### **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 program 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 or email us at yclubsupport@kansascityymca.org.



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

# SPRING HILL SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2024-2025

For Office Use Only:

Customer ID						
Signature	Date Processed					
Please type or print neatly and complete	all sections. Incomplete or illegible regi	stration forms will	not be processed.			
Participant Information						
Child's Name	Date of Birth		Non-Binary Other	Grade - Fall 2024		
Address	1	ı		<u>'</u>		
City		State	Zip			
Primary Guardian Name						
Employer						
Primary Phone	Mobile Phon	Mobile Phone				
Email						
Secondary Guardian Name						
Employer						
Primary Phone	Mobile Phone					
Email						
rant funds from a variety of sources suppo emographic data. No personal or identifyin	ort this program. By answering this ques ig information will be shared.	stion, you will help	us respond to our	funders' requests for		
American Indian or Alaska NativeAs	ianBlack or African AmericanH	ispanic or Latino _	Pacific Islander	White		
Two or More RacesPrefer Not To A	nswer					
/hat is your child's primary language?						
as your child ever been diagnosed with alle	ergies, AD(H)D, Autism, emotional health	n disorders, or hea	ring disabilities? If	yes, please describe:		
oes your child have an IEP or 504? If yes,	please describe:					
/ill your child be required to take medication	on while at the program? If yes, please d	lescribe:				
oes your child require special assistance?	If yes, please describe:					
mergency Contact and Authorized Pick Up	(Other than parent or guardian):					
lame	Phone					

### **OUR MISSION**

Child's Nar	ne					
	Last Name		First Name			
Enrollment Information						
Select School: Prairie Creek 🔲 Ti	mber Sage 🔲 Wolf Creek 🔲	Dayton Creek				
Program: Full-Time Before AND After S	chool \$99.00 🔲 Full-Time B	efore School Only \$80.00	☐ Full-Time After School Only \$95.00			
Part-Time Before AND After S	chool \$94.00 Part-Time I	Before School Only \$75.00	Part-Time After School Only \$90.00			
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 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 Number				
Address						
City		State	Zip			
Y CLUB WEEKLY PAYMENT OPTIONS						
Pay by check/money order at site weekl	y on Monday one week prior	Draft by credit card/c	hecking account weekly on Sunday			
For automatic drafts please select one	of the following account opti	ons				
☐ Please draft from my card information	below Please draft from	n my attached VOIDED checkin	g account information			
Registration fee and first week's tu	ition 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 al	ole to participate without our dor	nation. <b>\$</b>				
Check #	☐ Visa ☐ MasterCard	☐ Discover ☐ Ameri	can Express			
Last 4 Digits of Credit/Debit Card	Expira	tion Datemonth,				
		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.						
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Payer Signature		D	late			
FINANCIAL ASSISTANCE						
Thanks to the generosity of donors, the application to be considered. All forms m						
WAYS TO ENROLL						
Because we are committed to your privac	cy, we do not accept payments v	via email.				
MAIL-IN Association Resource Center		EMAIL				
3100 Broadway, Suite 1020 Kansas City, MO 64111	816.931.1847	yclubsupport@kansascityymo	ca.org			