

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

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 8: Enrollment begins for all families.
- August 6: Must register by August 6 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 wait 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 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

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

For Office Use Only:

Customer ID						
Signature	ture Date Processed					
Please type or print neatly and complete all sections. Incomp	nplete or illegible regi:	stration forms will not	be processed.			
Participant Information						
Child's Name	Date of Birth	Male No	on-Binary ther	Grade - Fall 2024		
Address						
City		State Zip				
Primary Guardian Name						
Employer						
Primary Phone	Mobile Phone	Mobile Phone				
Email						
Secondary Guardian Name						
Employer						
Primary Phone	Mobile Phone	e				
Email						
Grant funds from a variety of sources support this program. B demographic data. No personal or identifying information will	y answering this ques be shared.	tion, you will help us r	espond to our fu	nders' requests for		
American Indian or Alaska NativeAsianBlack or A	frican AmericanHi	spanic or LatinoP	acific Islander	_White		
Two or More RacesPrefer Not To Answer						
What is your child's primary language?						
Has your child ever been diagnosed with allergies, AD(H)D, Au	tism, emotional health	disorders, or hearing	disabilities? If ye	s, please describe:		
Does your child have an IEP or 504? If yes, please describe: _						
Will your child be required to take medication while at the pro	gram? If yes, please d	escribe:				
Does your child require special assistance? If yes, please desc	ribe:					
Emergency Contact and Authorized Pick Up (Other than paren	t or guardian):					
Name	Phone					

## **OUR MISSION**

Child's Naı								
	Last Name		First Name					
Enrollment Information								
Select School: Junction Mid	land Trail 🔲 Oak Grove 🛭	Turner						
Program: Before AND After School  Drop-In Only	\$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 Number	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/	checking account weekly on Sunday					
For automatic drafts please select one	of the following account opt	ions						
☐ Please draft from my card information	below Please draft from	m my attached VOIDED checkir	ng account information					
Registration fee and first week's tu	ition amount \$							
(Registration WILL NOT be processed v								
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 4 Digits of Credit/Debit Card	Expir	ation 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 the								
I acknowledge that I have read the Y Club Before and After School Program information sheet.								
Payer Signature		ι	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 privac	:y, we do not accept payments	via email.						
MAIL-IN Association Resource Center	<b>FAX</b> 816.931.1847							
3100 Broadway, Suite 1020 Kansas City, MO 64111	EMAIL yclubsupport@kansascityym	ıca.org						