

SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2024–2025

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

PRESCHOOL AND PRE-K PROGRAMS

Full-day YMCA Preschool and half-day Pre-K options available. Half-day program participants must qualify through Shawnee Mission School District to register.

We offer care at the following schools:

Full-Day Preschool or Half-Day Pre-K Half-Day Pre-K

• Bluejacket Flint

Highlands

Roesland

• Santa Fe Trail

Enrollment Information

Ways to Enroll

| Mail-In | YMCA of Greater Kansas City 6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202 |
|---------|--|
| Fax | 816.931.1847 |

Weekly Fees

| Program | Time Options | Fee | |
|--|--|----------|--|
| Full-Day Preschool | 7 a.m. – 6 p.m. | \$190.00 | |
| 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 program 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 or email us at yclubsupport@kansascityymca.org.



SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2024-2025

| For Office Use Only: | | | | | |
|---|----------------------|---|--|--|--|
| Customer ID | | | | | |
| Signature | Date Processed | | | | |
| Please type or print neatly and complete all sections. Incomplete | or illegible registr | ation forms will n | not be processed. | | |
| Participant Information | | | | | |
| Child's Name | | Date of Birth | MaleNon-BinaryFemaleOther | | |
| Address | | | | | |
| City | S | tate | Zip | | |
| Primary Guardian Name | | | | | |
| Employer | | | | | |
| Primary Phone | Mobile Phone | Mobile Phone | | | |
| Email | | | | | |
| Secondary Guardian Name | | | | | |
| Employer | | | | | |
| Primary Phone | Mobile Phone | one | | | |
| Email | | | | | |
| | | | | | |
| Enrollment Information | | | | | |
| Program: Full-Day Preschool \$190 (H • Full-time care is 4 to 5 | | | | | |
| Part-Day Pre-K with Before and After Pre-K Care \$105 (Available at all sites.) | | :-Day Pre-K <u>NO</u> Be | fore and After Pre-K Care \$80 | | |
| A.M. Pre-K (7 a.m12:15 p.m., 3:10-6 p.m.) | | ☐ A.M. Pre -K 8:10 a.m 12:15 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. | | | |
| Location: Bluejacket Flint Highlands F | Roesland [| ☐ Santa Fe Trail | | | |
| s your child 100% toilet trained? Yes No | | | | | |

OUR MISSION

| Child's Name | | | | | |
|--|---------------------------------------|--|---|--|--|
| | Last Name | | First Name | | |
| | | | | | |
| Payment Information | | | | | |
| • | | | | | |
| PAYER INFORMATION: A person, other t responsible for payments is different that Splitting balances between multiple par | n the primary guardian pleas | | | | |
| Payer Name | | Payer Phone Nu | Payer Phone Number | | |
| Address | | | | | |
| | | | | | |
| City | | State | Zip | | |
| | | | | | |
| Y CLUB WEEKLY PAYMENT OPTIONS | | | | | |
| Pay by check/money order at site weekly o | n Monday one week prior | ☐ Draft by credi | t card/checking account weekly on Sunday | | |
| For automatic drafts please select one of | | _ , | 3 , | | |
| Please draft from my card information be | | | checking account information | | |
| Flease draft from my card information be | iow Please diait iioiiii | illy attached voided | checking account information | | |
| Registration fee and first week's tuiti | on amount \$ | | | | |
| (Registration WILL NOT be processed wit | hout payment. Cash not acce | epted.) | | | |
| | visa MasterCard Visa MasterCard / | Discover / erable, except for m d may not attend the rization for Emerger | American Express edical reasons, in which case a doctor's note Y program until the Emergency Information New Medical Care Form, is completed and | | |
| Payer Signature | | | Date | | |
| 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 6901 Shawnee Mission Pkwy #300 | FAX 816.931.1847 | | | | |
| Overland Park, KS 66202 Phone: 816.360.3390 | EMAIL yclubsupport@kansascityy | /mca.org | | | |