

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL DESPONSIBILITY

SHAWNEE MISSION NO SCHOOL DAYS ENROLLMENT FORM FREE AND REDUCED LUNCH SITES 2024-25 SCHOOL YEAR

Shawnee Mission School District

No School Days for September-November Free and Reduced Lunch Y Club Sites

This fee is half price for families currently enrolled in Y Club at Apache, Comanche, Crestview, Nieman, Overland Park and Rosehill schools during the 2024-25 school year.

Important Information about No School Days

- Hours are 7 a.m.-6 p.m.
- Register early. All registrations will close one week prior to the scheduled No School Day.
- Tuition is \$15 per child, per day. It is non-refundable and non-transferable. Payment is due at time of registration.
- If child is not registered for 2024-25 Y Club, you will be charged a \$35 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 6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202	816.931.1847 Credit card only.

Registrations will not be accepted at your child's school.

Choose Your Dates		Choose Your Location
☐ September 3 ☐ October 11 ☐ October 14 ☐ October 18	□ November 1□ November 25□ November 26	 □ Prairie Elementary 6642 Mission Rd, Prairie Village, KS 66208 □ Overland Park Elementary 8150 Santa Fe Dr, Overland Park, KS 66204

Participant and Payment Information

•	on is required only if you	have not paid the Y Club registration fee for the	e year.		
Child's name		School child normally attends			
Parent's name					
Home phone	Work or cell phone				
Payment type	Credit/Debit card	Bank Acct (please attach voided check)	DCF (EBT card)		
Approved Scholar	rship %	Exp. Date			
Amount due		Billing zip code			

Date

Payer Signature