

PIPER 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.

Participating free or reduced lunch rate schools:

• Piper Prairie (K-2)

Piper Creek (3-5)

Enrollment Information

Ways to Enroll

Online Preferred Method	KansasCityYMCA.org/YClub Full-Time
Mail-In	Association Resource Center 6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202
Fax	816.931.1847

Weekly Fees

Program	Fees		
Before AND After School	\$85.00		
Before OR After Only	\$60.00		
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.		
Registration Fee	\$45.00		

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 12: Must register by August 12 to be eligible 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

PIPER 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	omplete or illegible regi	stration forms will not t	pe processed.				
Participant Information							
Child's Name	Date of Birth	Male No	n-Binary Grade - Fall 2024 er				
Address			1				
City		State Zip					
Primary Guardian Name							
Employer							
Primary Phone	Mobile Phone						
Email							
Secondary Guardian Name							
Employer							
Primary Phone	Mobile Phone	Mobile Phone					
Email							
Grant funds from a variety of sources support this program. demographic data. No personal or identifying information wiAmerican Indian or Alaska NativeAsianBlack or	ll be shared.						
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, A	utism, emotional health	disorders, or hearing d	isabilities? If yes, 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 pr	ogram? If yes, please d	escribe:					
Does your child require special assistance? If yes, please des	scribe:						
Emergency Contact and Authorized Pick Up (Other than pare	nt or guardian):						
Name	Phone						

OUR MISSION

Child's Nar						
Last Name			First Name			
Enrollment Information						
Select School: Piper Prairie (K-2)	☐ Piper Creek (3-5)					
Program: Before AND After School Drop-In Only	ool \$85					
Payment Information						
PAYER INFORMATION: A person, othe responsible for payments is different tl Splitting balances between multiple p	han the primary guardian plea		ly payments. If the person who will be tion. Each account may have one payer.			
Payer Name	Payer Phone Number					
Address		1				
City		State	Zip			
Y CLUB WEEKLY PAYMENT OPTIONS						
Pay by check/money order at site weekly	y on Monday one week prior	☐ Draft by cred	it card/checking account weekly on Sunday			
For automatic drafts please select one		_ ,	· , ,			
Please draft from my card information	below Please draft from	n my attached VOIDED	checking account information			
Registration fee and first week's tu	ition amount \$					
(Registration WILL NOT be processed w						
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	American Express			
Last 4 Digits of Credit/Debit Card	Last 4 Digits of Credit/Debit 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			Date			
FINANCIAL ASSISTANCE						
Thanks to the generosity of donors, the Napplication to be considered. All forms mu			Please submit a YMCA financial assistance the review process.			
WAYS TO ENROLL						
Because we are committed to your privac	ry, we do not accept payments	via email.				
MAIL-IN Association Resource Center	FAX 816.931.1847					
6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202	EMAIL yclubsupport@kansascityym	ca.org				