



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BLUE VALLEY SCHOOL DISTRICT NO SCHOOL DAYS ENROLLMENT FORM 2024-25 SCHOOL YEAR

Blue Valley School District
No School Days for August–November
Hours: 7 a.m. – 6 p.m.

Information You Should Know About No School Days

- Register early. All registrations will close one week prior to the scheduled No School Day.
- Tuition is \$30 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 automatically charged a \$75 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 Parkway Suite 300 Overland Park, KS 66202	816.931.1847 Credit card only.

Registrations will not be accepted at your child’s school, via email or by mail.

Choose Your Dates	Choose Your Location
<input type="checkbox"/> August 30 <input type="checkbox"/> November 1 <input type="checkbox"/> September 3 <input type="checkbox"/> November 25 <input type="checkbox"/> September 27 <input type="checkbox"/> November 26 <input type="checkbox"/> October 11 <input type="checkbox"/> November 27 <input type="checkbox"/> October 24 <input type="checkbox"/> October 25	<input type="checkbox"/> Harmony Elementary 14140 Grant Street, Overland Park, KS 66221 <input type="checkbox"/> Oak Hill Elementary 10200 W 124th St., Overland Park, KS 66213 <input type="checkbox"/> Overland Trail Elementary 6225 W 133rd Street, Overland Park, KS 66209

Participant and Payment Information

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)

Last 4 digits of card _____ Exp. Date _____ Billing Zip Code _____

Amount Due _____ Approved Scholarship % _____

Payer Signature _____ Date _____

Please make your payment for No School Day care separate from your weekly fee payment.

OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY