FOR YOUTH DEVELOPMENT ®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Blue Valley School District
No School Days for December–January
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

☐ December 6 ☐ January 2
☐ December 23 ☐ January 3
☐ December 26 ☐ January 20
☐ December 27 ☐ January 31
☐ December 30
☐ December 31
	☐ **Harmony Elementary**
	   14140 Grant Street, Overland Park, KS 66221
	
	☐ **Oak Hill Elementary**
	   10200 W 124th St., Overland Park, KS 66213
	
	☐ **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   Visa ☐   MasterCard ☐   Discover ☐   Amex ☐   Check ☐   Scholarship % _____

SRS ☐ (payment must be called in prior to sign-up – we need amount, date and confirmation number)

Last four digits of credit card _____ _____ _____ _____   Exp. date _____

Amount due _____   Billing zip code for credit card _____

Payer Signature _____   Date _____