



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PIPER SCHOOL DISTRICT NO SCHOOL DAYS ENROLLMENT FORM 2024-25 SCHOOL YEAR

Piper School District
No School Days for February-April
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 \$45 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, via email or by mail.

Choose Your Dates	Choose Your Location
<input type="checkbox"/> February 12 <input type="checkbox"/> March 17 <input type="checkbox"/> April 21 <input type="checkbox"/> February 13 <input type="checkbox"/> March 18 <input type="checkbox"/> February 14 <input type="checkbox"/> March 19 <input type="checkbox"/> February 17 <input type="checkbox"/> March 20 <input type="checkbox"/> <input type="checkbox"/> March 21 <input type="checkbox"/> <input type="checkbox"/> March 24	<input type="checkbox"/> Piper Prairie Elementary 3131 N 122nd Street, Kansas City, KS 66109

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