



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

SHAWNEE MISSION SCHOOL DISTRICT YMCA PRESCHOOL PROGRAM 2025-2026

Program Hours of Operation: 7 a.m.-6 p.m.

PRE-K PROGRAMS

Half-day Pre-K options available. Half-day program participants must qualify through Shawnee Mission School District to register.

We offer care at the following schools:

Half-Day Pre-K

- Bluejacket Flint
- Highlands
- Pawnee
- Roesland
- Santa Fe Trail

Enrollment Information

Ways to Enroll

Mail-In	YMCA of Greater Kansas City 6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202
Fax	816.931.1847

Weekly Fees

Program	Time Options	Fee
Half-Day A.M. Pre-K with After Pre-K Care	7 a.m. – 12:15 p.m. 3:10 – 6 p.m.	\$110.00
Half-Day P.M. Pre-K with Before and After Pre-K Care	11 a.m. – 3:10 p.m. 7 – 8 a.m. (before) 3:15 – 6 p.m. (after)	\$110.00
Half-Day Session AM or PM with NO Before or After Pre-K Care	8:10 a.m. – 12:15 OR 11:00 a.m. – 3:10 p.m.	\$85.00
Registration Fee	\$75.00	

*Registration form must be submitted through mail-in or fax.

**YMCA half-day Pre-K programs are only available for families enrolled in Shawnee Mission School District part-day Pre-K programs.

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

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.
- Programs are licensed and participate in the child care state subsidy program.
- Financial assistance is available for those who qualify (based on availability.)
- 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, emailed payment information is not accepted.

Discipline Policy

Our discipline policy is youth-centered and designed to achieve a positive outcome to misbehaviors and conflicts. We acknowledge good behaviors. We respond to misbehaviors and conflicts in an appropriate manner. We have zero-tolerance for violence and bullying; we follow the school or district policy in which the programs is held. We have the right to suspend or expel children from our programs if they or their families threaten the safety or interfere with the sustainability of a quality program. When misbehaviors occur, we will redirect behaviors, discuss the situation, and suggest a more appropriate course of action. We will also develop a guidance plan and when necessary, meet with families to resolve the misbehavior. If inappropriate behavior continues, it might be necessary to implement consequences such as loss of privilege or a brief separation from the group. If timeout is used, it will be no longer than 1 minute per year of age. Group timeouts are prohibited by the Y.

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.

For more information, visit KansasCityYMCA.org/YClub. For program or account information, call the YDS Support Line at 816.360.3390 or email us at yclubsupport@kansascityymca.org.



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For Office Use Only:

Customer ID	
Signature	Date Processed

Please type or print neatly and complete all sections. Incomplete or illegible registration forms will not be processed.

Participant Information

Child's Name		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Address			
City		State	Zip
Primary Guardian Name			
Employer			
Primary Phone		Mobile Phone	
Email			
Secondary Guardian Name			
Employer			
Primary Phone		Mobile Phone	
Email			

Enrollment Information

Program:	
<input type="checkbox"/> Part-Day Pre-K with Before and After Pre-K Care \$110 (Available at all sites.) <ul style="list-style-type: none"> <input type="checkbox"/> A.M. Pre-K (7 a.m.-12:15 p.m., 3:10-6 p.m.) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:10 p.m., 7-8 a.m. (before) and 3:10-6 p.m. (after)) 	<input type="checkbox"/> Part-Day Pre-K <u>NO</u> Before and After Pre-K Care \$85 (Available at all sites.) <ul style="list-style-type: none"> <input type="checkbox"/> A.M. Pre-K 8:10 a.m.- 12:15 p.m.) <input type="checkbox"/> P.M. Pre-K (11 a.m.-3:10 p.m.)
Location: <input type="checkbox"/> Bluejacket Flint <input type="checkbox"/> Highlands <input type="checkbox"/> Pawnee <input type="checkbox"/> Roesland <input type="checkbox"/> Santa Fe Trail	

Is your child 100% toilet trained? Yes No

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Child's Name _____
Last Name First Name

Payment Information

PAYER INFORMATION: A person, other than the primary guardian may pay for the weekly payments. If the person who will be responsible for payments is different than the primary guardian please complete this section. Each account may have one payer. **Splitting balances between multiple parties is not available.**

Payer Name		Payer Phone Number
Address		
City	State	Zip

Y CLUB WEEKLY PAYMENT OPTIONS

Pay by check/money order at site weekly on Monday one week prior Draft by credit card/checking account weekly on Sunday

For automatic drafts please select one of the following account options

Please draft from my card information below Please draft from my attached VOIDED checking account information

Registration fee and first week's tuition amount \$ _____

(Registration WILL NOT be processed without payment. Cash not accepted.)

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

Card Account # _____ / _____ / _____ / _____

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 _____

WAYS TO ENROLL

Because we are committed to your privacy, we do not accept registration forms or payments via email.

MAIL-IN

YMCA of Greater Kansas City
6901 Shawnee Mission Pkwy #300
Overland Park, KS 66202
Phone: 816.360.3390

FAX

816.931.1847

EMAIL

yclubsupport@kansascityymca.org