

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING

# SHAWNEE MISSION NO SCHOOL DAYS ENROLLMENT FORM FREE AND REDUCED LUNCH SITES 2024-25 SCHOOL YEAR

### **Shawnee Mission School District**

# No School Days for February-April Free and Reduced Lunch Y Club Sites

This fee is half price for families currently enrolled in Y Club at Apache, Comanche, Crestview, Nieman, Overland Park and Rosehill schools during the 2024-25 school year.

Important Information about No School Days

- Hours are 7 a.m.-6 p.m.
- Register early. All registrations will close one week prior to the scheduled No School Day.
- Tuition is \$15 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 charged a \$35 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.

Choose Your D	ates		Choose Your Location
□ February 7 □ February 18	☐ March 14 ☐ March 17 ☐ March 18 ☐ March 19 ☐ March 20 ☐ March 21	□ April 21	<ul> <li>□ Prairie Elementary 6642 Mission Rd, Prairie Village, KS 66208</li> <li>□ Overland Park Elementary 8150 Santa Fe Dr, Overland Park, KS 66204</li> </ul>

## **Participant and Payment Information**

Payment information is required only if you have not paid the Y Club registration fee for the year.

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)		
Approved Scholar	ship %	 Exp. Date			
Amount due		Billing zip code			

Date

#### **OUR MISSION**

Payer Signature