



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHAWNEE MISSION SCHOOL DISTRICT YMCA PRE K & PRESCHOOL PROGRAMS 2025-2026

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

PRESCHOOL AND PRE-K PROGRAMS

Full-day YMCA Preschool and 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:

Full-Day Preschool

- Highlands
- Santa Fe Trail

Half-Day Pre-K (a.m. or p.m. session)

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

Enrollment Information

Ways to Enroll

Mail-In	YMCA of Greater Kansas City 3100 Broadway, Suite 1020 Kansas City, MO 64111
Fax	816.931.1847
Email	YClubSupport@KansasCityYMCA.org

Weekly Fees

Program	Time Options	Fee
Full-Day Preschool	7 a.m. – 6 p.m.	\$200.00
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 <u>NO</u> 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, fax or email.

**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.

- 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 programs 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.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHAWNEE MISSION SCHOOL DISTRICT YMCA PRE-K & PRESCHOOL PROGRAMS 2025-2026

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

☐ Male

☐ Non-Binary

☐ Female

☐ 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:

☐ Full-Day Preschool \$200 (Highlands and Santa Fe Trail)

• Full-time care is 4 to 5 set days per week

☐ Part-Day Pre-K with Before and After Pre-K Care \$110
(Available at all sites.)

☐ A.M. Pre-K (7 a.m.-12:15 p.m., 3:10-6 p.m.)

☐ P.M. Pre-K
(11 a.m.-3:10 p.m., 7-8 a.m. (before) and 3:10-6 p.m. (after))

☐ Part-Day Pre-K NO Before and After Pre-K Care \$85
(Available at all sites.)

☐ A.M. Pre-K 8:10 a.m.- 12:15 p.m.)

☐ P.M. Pre-K (11 a.m.-3:10 p.m.)

Location: ☐ Bluejacket Flint

☐ Highlands

☐ Pawnee

☐ Roesland

☐ Santa Fe Trail

Is your child 100% toilet trained? ☐ Yes ☐ No

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

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 payments via email.

MAIL-IN

YMCA of Greater Kansas City
3100 Broadway, Suite 1029
Kansas City, MO 64111
Phone: 816.360.3390

FAX

816.931.1847

EMAIL

YClubSupport@KansasCityYMCA.org