FOR YOUTH DEVELOPMENT ®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Blue Valley School District
No School Days for August–November
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 $35 per child per day. **It is non-refundable and non-transferable.** Payment is due at time of registration.
- **If child is not registered for 2025-26 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
☐ August 29 ☐ September 2 ☐ September 26 ☐ October 23 ☐ October 24	☐ November 7 ☐ November 10 ☐ November 24 ☐ November 25 ☐ November 26	☐ **Heartland Elementary** 12775 Goodman St, Overland Park, KS 66213 ☐ **Prairie Star Elementary** 3800 W 143rd St, Leawood, KS 66224 ☐ **Sunset Ridge Elementary** 14901 England St, Overland Park, KS 66221

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 _____