

# SHAWNEE MISSION SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2021-2022

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

### **BEFORE AND AFTER SCHOOL**

Full Day Kindergarten enrollee to 12 years of age

The Y Club program is a great place to be before and after school with a lot of positive staff interaction and learning opportunities. We provide an after school snack, physical fitness time, homework time, and a wide variety of other activities, including time to socialize with friends and play games.

We offer care at the following schools:

• Belinder

• Christa McAuliffe

Pawnee

Roesland

• Bluejacket Flint

• East Antioch

Prairie

• Santa Fe Trail

• Brookridge

Highlands

• Ray Marsh

Westwood View

## **Enrollment Information**

Ways to Enroll

Online Preferred Method *	KansasCityYMCA.org/YClub Full-Time
Mail-In	Association Resource Center 3100 Broadway, Suite 1020 Kansas City, MO 64111
Fax	816.931.1847

### Weekly Fees

Dua = ====	Full Time	Doub Time**		
Program	Full-Time	Part-Time**		
Before AND After School	\$85.00	\$80.00		
Before School Only	\$65.00	\$60.00		
After School Only	\$80.00	\$75.00		
Drop-Ins	Based on availability. Call Youth Development Services at 816.360.3390 for availability and rates.			
Registration Fee	<b>ee</b> \$75.00			

<sup>\*</sup> Part-time enrollments need to be submitted through mail-in or fax.

• Weekly sibling discount of 10% for each additional child enrolled FULL TIME at the same site (Does not apply with part-time, 3rd party or scholarship).

<sup>\*\*</sup> Part-time openings are available in limited quantities and schedules.

#### **Enrollment Dates**

- May 12: Full-time enrollment begins for all families.
- July 1: Part-time enrollment begins.
- July 16: Thanks to the generosity of donors, the Y provides financial assistance to those who qualify. July 16, 2021, is the deadline to apply for financial assistance and have your award begin on the first day of school. Financial assistance applications will be accepted after July 16, and awards for those who qualify will be based on availability. All forms must be complete for an application to be entered into the review process.
- August 2: Must register by August 2 to be eligible for a first day of school start date. Your email receipt will serve as a registration confirmation.

**IMPORTANT:** Y Club registration closes when a site reaches capacity. If site capacity is reached, you may request to be placed on the interest list. Minimum program enrollment numbers must be met for a Y Club program to occur.

#### **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. Check payments are due on Monday one week prior to the week of care.
- 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.
- Requesting a change from full-time to part-time does not guarantee availability of a part-time spot.
- 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, email registrations and email payment information are 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 programs and returns in the same school year): \$25.

#### **Public Health Disclaimer**

In the event Y Club services must be closed for a period of time by the school district or government office, 50% of the program fee may be required to ensure program continuity.

For more information, visit KansasCityYMCA.org/YClub. For program and account information, call the Youth Development Services Support Line at 816.360.3390.



For Office Use Only:

# FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# SHAWNEE MISSION SCHOOL DISTRICT Y CLUB BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT 2021-2022

Signature				Date Processed			
on graduate to the state of the	Date Processed						
Please type or print neatly and comp	lete all sections. Inc	omplete or	illegible regis	stration forms wil	l not be proces	sed.	
Participant Information							
Child's Name				Date of Birth	☐ Male	Grade in School-Fall 20	
Address					☐ Female		
Add C33							
City				State	Zip	Zip	
Primary Guardian Name							
Employer							
Primary Phone	imary Phone Mobile			Phone			
Email							
Secondary Guardian Name							
Employer							
F - 7 -							
Primary Phone	mary Phone Mob		Mobile Phone	lobile Phone			
Email							
For the control of the control							
Enrollment Information							
List school. School name REQUIRED to	process enrollment	•					
Program:	·			ol Only \$65.00 ool Only \$60.00	_	er School Only \$80.00 er School Only \$75.00	
If Part-Time: Monday Tue	esday 🗌 Wedn	esday [	Thursday	Friday			
• Part-time rates apply to care for 3 set							

#### OUR MISSION

	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 weekl	y on Monday one week prior	☐ Draft by credit card/	checking account weekly on Sunday				
For automatic drafts please select one	of the following account optio	ns					
☐ Please draft from my card information	below Please draft from	my attached VOIDED checki	ng account information				
Registration fee and first week's tu	ition amount \$						
(Registration WILL NOT be processed v	vithout payment. Cash not acco	epted.)					
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#							
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				
FINANCIAL ASSISTANCE							
Thanks to the generosity of donors, the Napplication to be considered. All forms m							
WAYS TO ENROLL							
Because we are committed to your privacy, we do not accept registration forms or payments via email.							
MAIL-IN Association Resource Center 3100 Broadway, Suite 1020 Kansas City, MO 64111	FAX 816.931.1847						

Child's Name \_\_