

YMCA SCHOOL AGE PROGRAMS SPRING HILL 2010-11

BEFORE & AFTER SCHOOL

Kindergarten enrollee to 12 years of age

The School Age Program is a fun place to be before and after school with lots of positive staff interaction and learning opportunities. We provide an after school snack, outdoor time, homework time and a wide variety of other activities, including time to socialize with friends or play games.

REGISTRATION INFORMATION

Registration Fee (Annual) \$65 per child.

There will be pre-payment of one week of tuition due when registration is paid. AFTER AUGUST 1, 2010, THE REGISTRATION FEE WILL BE \$75.

WEEKLY FEE

BEFORE SCHOOL	\$45
AFTER SCHOOL	\$61
BEFORE & AFTER SCHOOL	\$71

Weekly sibling discount of \$5 for each additional child enrolled **FULL TIME at the same center.

**Part-time rate is based on 3 days. A limited number of part-time slots are available.

PAYMENTS ARE DUE EVERY 2 WEEKS. YOU WILL BE PAYING FOR 2 WEEKS OF CARE AT ONE TIME PER PROVIDED SCHEDULE. Payments may be made by monthly automatic bank-credit card draft, credit card or check. Please do not pay with cash. **Late fee of \$15 will be charged if payment is made after Monday.**

Please check the appropriate location.

Spring Hill Intermediate (to include Spring Hill Elementary) Prairie Creek

THE YMCA OF GREATER KANSAS CITY strives to be parent friendly. We offer three convenient methods of payment.

EFT: Electronic Funds transfer assures you of accurate monthly payments. Drafts are done once or twice per month. Never worry about a late payment again!

CHECK: Checks are due every other Monday according to the schedule provided for the current and following week of care.

CHARGE: Card charges are made on Monday for the current and following week of care.

Partial funding provided by Kansas Social Rehabilitation Services.

CCSA-042010

NO SCHOOL DAYS

The YMCA provides care on No School Days for an additional fee. During No School Days, it is necessary to consolidate sites due to enrollment and site availability. Information regarding No School Day care will be provided by your site director. We will accept registrations via fax or phone if you pay by credit card. To pay by check, you must come in to our office. Sufficient enrollment is required to operate No School Day sites. It is the parent's responsibility to provide No School Day sites with their child's emergency information packet.

Sign up for **NO SCHOOL DAYS** at **School Age Services** • 8205 W. 108th Terr. #120, Overland Park, KS 66210 • 913.345.9622

A limited number of spots are available and are assigned on a first come, first serve basis.

Registration is also available online at www.KansasCityYMCA.org.



We build strong kids, strong families, strong communities.

www.KansasCityYMCA.org



SPRING HILL 2010-11

School Year Registration Form

Child's Name: _____

Date of Birth: _____ Gender: Male Female Age: _____ Grade (Fall 10): _____

Home Phone: _____

Address: _____

City/State/ Zip: _____

Mother's Name: _____

Mother's Employer: _____

Work Phone: _____

E-Mail: _____

Father's Name: _____

Father's Employer: _____

Work Phone: _____

E-Mail: _____

Primary Contact: Mother Father

Will your child require special assistance? Yes No

Do you receive SRS Assistance? Yes No

If yes, attach Letter of Eligibility. (For registration to be complete, your Letter of Eligibility must be attached)

REGISTERING FOR: Start Date: _____ Child's School: _____

- Before School After School Before/After School Part-Time
 Monday Tuesday Wednesday Thursday Friday
 Drop-In Care only

Has your child been enrolled in our program before? Yes No

I would like to be set up on the EFT program with the same information used in last year's draft Yes No

If any account information has changed, a new EFT form is required.

Registration fee and first week's tuition in the amount of \$_____ enclosed.

PLEASE NOTE THAT WEEKLY FEES ARE NOT PRORATED AT ANY TIME DURING THE SCHOOL YEAR.

METHOD OF PAYMENT (Registration will not be processed without payment):

- Check Check #: _____
 Credit Card Visa MasterCard Discover American Express

Account Number: _____/_____/_____/_____

Expiration Date: _____

Please help a deserving child participate in YMCA child care with a one time gift in the amount of \$_____.
(Please attach separate check.)

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 also understand that my child may not attend the YMCA program until the Emergency Information Packet, which includes Enrollment Form, KDHE Health History Form and notarized authorization for emergency medical care, is completed.

Parent Signature: _____ Date: _____

YMCA SCHOOL AGE SERVICES

8205 W. 108th Terr. #120
Overland Park, KS 66210
Phone: 913.345.9622
Fax: 913.345.0524

