



2024-25 ACADEMIC YEAR ENROLLMENT FORM

GREATER WICHITA YMCA SCHOOL-AGED CHILD CARE PROGRAMS

KEY Academy and School Day Out

MUST complete form for EACH CHILD and submit in-person at any Greater Wichita YMCA branch location.

CHILD'S FULL NAME _____ CHILD DATE OF BIRTH ____ / ____ / ____

PARENT/GUARDIAN FULL NAME _____ ID# _____

CONTACT PHONE NUMBER ____ - ____ - _____ (for registration only) EMAIL _____ (for registration only)

Complete registration and all initial fees REQUIRED ONE FULL WEEK in advance, on Monday. Registration service available at ANY YMCA branch location.

<input type="checkbox"/>	Mark here for School Day Out ONLY	ADDITIONAL REGISTRATION FORM REQUIRED
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Select One	KEY ACADEMY: WEEKLY PROGRAM FEES AND SESSION CHOICES	
<input type="checkbox"/>	BEFORE SCHOOL ONLY	\$60 Member Rate / \$65 Community Rate
<input type="checkbox"/>	AFTERSCHOOL ONLY	\$65 Member Rate / \$70 Community Rate
<input type="checkbox"/>	BEFORE AND AFTERSCHOOL	\$75 Member Rate / \$80 Community Rate
Mark Site	LOCATION	SITE ADDRESS
<input type="checkbox"/>	Andover Cottonwood Elementary	1747 N. Andover Rd., Andover, KS 67002
<input type="checkbox"/>	Andover Martin Elementary	2342 N. 159th St. E., Wichita, KS 67228
<input type="checkbox"/>	Andover Meadowlark	1122 N. 159th St. E., Wichita, KS 67230
<input type="checkbox"/>	Andover Prairie Creek	654 S. YMCA Dr., Wichita, KS 67002
<input type="checkbox"/>	Andover Sunflower	616 E. Douglas Ave., Andover, KS 67002
<input type="checkbox"/>	Andover Wheatland	15200 E. 21st St., Wichita, KS 67230
<input type="checkbox"/>	El Dorado Skelly (AFTERSCHOOL ONLY)	951 Skelly St., El Dorado, KS
<input type="checkbox"/>	Wichita Beech	1830 S. Cypress St., Wichita, KS 67207
<input type="checkbox"/>	Goddard Amelia Earhart <small>Also Serving: Goddard CDC and Oak St.</small>	19201 W. 23rd St. S., Goddard, KS 67052
<input type="checkbox"/>	Goddard Apollo	1270 S. 167th St. W., Goddard, KS 67052
<input type="checkbox"/>	Goddard Explorer	444 W. Explorer St., Goddard, KS 67052
<input type="checkbox"/>	Renwick St. Marks (AFTERSCHOOL ONLY)	19001 W. 29th St. N., Colwich, KS 67030
<input type="checkbox"/>	Valley Center Wheatland <small>Also Serving: VC West, VC Abilene</small>	800 Meadow Rd., Valley Center, KS 67147

Have you completed the KDHE forms for the current school year on our YMCA website? YES NO

Is your Child on a YMCA Family Membership? YES NO

If yes, what parent or parents are on the membership? _____

PROGRAM SCHEDULE (required):

Anticipate Drop Off Time for AM Session: ____ : ____ AM ____ N/A Not enrolled in AM

Anticipate Pick Up Time for PM Session: ____ : ____ PM ____ N/A Not enrolled in PM

PLEASE NOTE: Children are dismissed at 1st bell from AM session and arrive unaccompanied to PM Session. Please make sure to communicate with the school and/or classroom teacher regarding latchkey enrollment. YMCA staff do NOT escort children to or from the latchkey program.

FOR OFFICE USE ONLY

DATE RECEIVED ____ / ____ / ____ STAFF REMINDER SET AUTO/BANKDRAFT FEES, AS APPROPRIATE, DURING ENROLLMENT PROCESS.
 TIME RECEIVED ____ : ____ AM / PM SPECIAL INSTRUCTIONS
 STAFF INITIALS: _____

STAFF SIGNATURE / /
DATE



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KEY Academy and School Day Out

PAYMENT DUE AT ENROLLMENT/REGISTRATION	2024-2025 KEY/SDO
\$ 15/CHILD/SESSION ANNUAL ENROLLMENT FEE (non-refundable, non-transferable):	\$ 15 or \$ 30
FIRST WEEK'S KEY ACADEMY FEES (if enrolling within ten business days of intended participation):	\$
SCHOOL DAY OUT PAYMENT (non-refundable):	\$
TOTAL FEES/PAYMENT DUE AT REGISTRATION PAYABLE BY <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check/Money Order:	\$

TERMS OF AGREEMENT

Your signature confirms agreement with the following:

- I/we understand that session Enrollment Fee, due at registration, is non-refundable and non-transferable
- I/we understand that weekly Fees are due regardless of attendance and must be paid in advance, at least one full week, on Monday's by 10 PM
- I/we agree to provide a two week written notice should I/we choose to withdraw the child from KEY Academy (email childcare@ymcawichita.org)
- I/we understand payments will NOT be accept at my school location for SDO, Break Club OR weekly KEY Academy Fees
- I/we understand that fees are not prorated for regular school day's out, select holidays or school cancellations
- I/we release the Greater Wichita YMCA, its staff, and participating school districts from all claims of injury which may be sustained by enrolled child while participating in any YMCA sponsored activity, whether caused by the negligence of the YMCA or otherwise
- I/we understand that the YMCA reserves the right to dismiss any participant if they or their parent/guardian fails to comply with YMCA policies or procedures
- I/we have read and agree to abide by all program expectations as outlined in the Parent Information and Policy Document
- I/we the undersigned attest to being the legal parent/guardian of said minor and give permission for them to participate in all program activities supervised by YMCA staff and that they are physically and mentally capable to participate and follow program expectations.

SIGNATURE (Parent, Legal Guardian, Legal Custodian)

____ / ____ / ____
DATE

Fees can be paid weekly, biweekly, or monthly. Payments can be made on-line, via autodraft (bank or card autopayments), or at any YMCA facility Branch.

DCF payments are NOT considered paid until proper documentation is submitted. See your Site Director or any Branch Membership associate for a DCF payment form OR email required information to childcare@ymcawichita.org after each transfer.

Child Care site staff do NOT have access to your account. All account questions should be directed to childcare@ymcawichita.org.

See Parent Information and Policies for full program fee policies, payment deadlines, cancellation process and prorated weeks.



VIEW PARENT INFORMATION AND POLICIES

PROGRAM FEE AUTODRAFT PLAN

The KEY Academy weekly program fee (draft) amount indicated above will be automatically deducted from/charged to my (check one):

- BANK ACCOUNT (Checking, Savings)
- CARD (Credit, Debit)

This AutoDraft payment plan is a continuous program, however is not designed to exceed the program's end date of

____ / ____ / ____.

STATEMENTS OF UNDERSTANDING

I UNDERSTAND THAT:

- If enrolling LESS than 2 weeks in advance, the first week cannot be paid by draft.
- If I wish to exit the KEY Academy program and/or discontinue the agreed weekly draft amount before the program's end date (above), I must notify the Greater Wichita YMCA **IN WRITING** (childcare@ymcawichita.org) **TWO (2) WEEKS PRIOR TO THE FINAL DRAFT.**
- Should any transfer/AutoDraft not be honored by my provided financial institution/card issuer for any reason I am responsible for that payment **PLUS** any/all applicable service fees assessed.
- KEY Academy program rates are subject to change and I will be notified, in writing, prior to fee adjustments.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my above-provided payment method prior to the next weekly AutoDraft of fees.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my address, phone number, email address, or other provided contact information.
- Enrolled children will be denied KEY Academy/Fun Club access and services until any/all balance(s) due are paid.
- My Credit card information may be updated with "Account Updater Services" offered by Card Networks.
- The voided check provided with this enrollment form is for information purposes only.

PARENT/GUARDIAN/CUSTODIAN INITIALS: _____

- Accept my adjacent signature as authorization to begin weekly AutoDrafting of indicated fees.