



BEFORE & AFTER SCHOOL PROGRAM

2024/2025 Academic Year

PROGRAM INFORMATION: Students will be transported to and from their schools via the YMCA bus. The program includes a nutritional snack, recreational fun and games, homework help, and enrichment activities including arts, crafts and STEM projects. Fundays are available on non-school days and will require a separate registration for participation.

DAY/TIME – August through May, beginning Monday, August 19th, 2024. Monday through Friday mornings 6-8 a.m. and afternoons 3:20-6:00p.m. at the Fremont Family YMCA only

AGES – for youth in Kindergarten and up **TITLE XX IS ACCEPTED.**

Why the Y? – if you register your child for a YMCA program during after school hours, we will take your child to and from that class! Example: swimming, tennis, etc.

Kylie Brown, program director, 402-721-6952 or kylieh@fremontfamilyymca.org

YMCA MISSION: God has given us the pathway to life and health through Jesus Christ and the Holy Scriptures. It is the mission of the Fremont Family YMCA to help put these Christian principles into practice through programs that help build healthy spirit, mind and body for all.

NO YOUTH DENIED: Any child may belong to the YMCA regardless of income or family situation. If you know of a child who would like to belong, please notify the YMCA staff.

PLEASE NOTE: All participants will have paperwork to fill out in addition to this registration.



2024/2025 Academic Year:



<u>COST</u> (per week)	<u>Before & After School</u>		<u>After School Only</u>	
	FFY members	Non-members	FFY members	Non-members
	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70

Additional child: \$20 discount

Mornings Only

FFY members	Non-members
<input type="checkbox"/> \$40	<input type="checkbox"/> \$60

(no 2nd child rate for mornings)

SCHOOLS WHERE YOUTH ARE TRANSPORTED BACK TO THE YMCA (please mark what school your child attends)

- Bell Field
 Bergan
 Cedar Bluffs
 Deer Pointe
 Grant
 Howard
 JCAC
 Linden
 Milliken Park
 Trinity

Name _____ Age _____ Grade _____

Address _____ School _____

Parent's name _____ Phones – Work _____ Home _____

FFY member Yes No Date of Birth _____ Email _____

FOR OFFICE USE ONLY: Please refer to the prices above

Amount Pd. _____ Date Pd. _____ Receipt # _____ By _____