BEFORE/AFTER SCHOOL FRIENDS CLUB ARLINGTON





- Monday through Friday, 6-8 a.m. (must have a minimum of six participants for mornings) and 3:20-6 p.m. Morning and afternoon sessions take place at Arlington Public School.
- Youth in pre-kindergarten through middle school. Registrations for this class must be made at the Fremont Family YMCA's front desk and the first week's payment must be made at that time to reserve your spot in the program.
- Childcare packet must be completed before childcare can start.
- Before school care will be offered to preschool students attending the morning session of preschool and after school care will be offered to preschool students attending the afternoon session of preschool. There will be no care available during the school day.
- Arlington youth who are enrolled in the Fremont Family YMCA's After School Friends Club will receive care and supervision until they are picked up <u>at the school</u> by a parent or guardian by no later than 6 p.m.



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.

aca.org – for more

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REGISTER AS EARLY AS POSSIBLE TO RESERVE YOUR SPOT - SPACES ARE LIMITED!

BEFORE/AFTER SCHOOL FRIENDS CLUB - ARLINGTON 2024/2025 Academic Year

FULL-TIME

PART-TIME (six hours or less)

COST (per week)
(please check
ALL box(es) that
apply to you)

FFY members

1st child - \$65 2nd child - \$45 Mornings Afternoons **Non-members**

1st child - \$70 2nd child - \$50 Mornings Afternoons (part-time six hours or less per week)

\$35 FFY member/morning only \$40 non-member/morning only \$45 FFY member/afternoon only \$50 non-member/afternoon only

(mornings and afternoons at Arlington school)

Name	Age	Grade
Address	School	
Parent's name Phone	s – 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	_