

BEFORE/AFTER SCHOOL FRIENDS CLUB ARLINGTON

2025/2026 Academic Year



NURTURING

- August through May, beginning Tuesday, August 12th, 2025.
- 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 **at the school** by a parent or guardian by no later than 6 p.m.
- Kylie Brown, program director, 402-721-6952, 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.

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

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Before/After School

After School Only

Mornings Only

COST (per week)

FFY members

☐ 1st child - \$72
☐ 2nd child - \$52

Non-members

☐ 1st child - \$77
☐ 2nd child - \$57

FFY members

☐ 1st child - \$52
☐ 2nd child - \$32

Non-members

☐ 1st child - \$57
☐ 2nd child - \$37

FFY members

☐ \$42
(no 2nd child rate for mornings)

Non-members

☐ \$47

(mornings and afternoons at Arlington school)

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 _____