



BEFORE/AFTER SCHOOL FRIENDS CLUB

2020/2021 Academic Year

DAY/TIME – August through May, beginning Tuesday, August 11, 2020.
Monday through Friday mornings 6-8 a.m. and afternoons 3:20-6 p.m.
at the Fremont Family YMCA only

AGES – for youth in Kindergarten and up

FOR STUDENTS AT GRANT, LINDEN, MILLIKEN PARK, BERGAN AND TRINITY ELEMENTARY SCHOOLS – students will be transported from their schools via the YMCA bus back to the YMCA.

FOR CEDAR BLUFF STUDENTS – students will be escorted to their bus at 7 a.m. After school, the bus will drop the students off at the YMCA's front desk and they are responsible for getting themselves to The Underground.

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.

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

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

FFY members

- 1st child - \$50
- 2nd child - \$30
- Mornings
- Afternoons

FULL-TIME

Non-members

- 1st child - \$70
- 2nd child - \$50
- Mornings
- Afternoons

PART-TIME

(part-time six hours or less per week)

- \$20 FFY member/morning only
- \$40 non-member/morning only
- \$30 FFY member/afternoon only
- \$50 non-member/afternoon only

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

- GRANT LINDEN MILLIKEN PARK BERGAN TRINITY CEDAR BLUFFS

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 _____