



# BEFORE/AFTER SCHOOL FRIENDS CLUB

## 2021/2022 Academic Year

**DAY/TIME** – August through May, beginning Tuesday, August 10, 2021.  
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.

**NOTE** – Childcare packet must be completed before childcare can start.

Kylie Brown, program director, 402-721-6952 or [kylieh@fremontfamilyymca.org](mailto: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

- 1<sup>st</sup> child - \$50
- 2<sup>nd</sup> child - \$30
- Mornings
- Afternoons

### FULL-TIME

### Non-members

- 1<sup>st</sup> child - \$70
- 2<sup>nd</sup> 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 \_\_\_\_\_