

# BEFORE/AFTER SCHOOL FRIENDS CLUB TRANSPORTATION ONLY

## 2024/2025 Academic Year



- During school months beginning Monday, August 19, 2024
- For youth in 5<sup>th</sup> through 8<sup>th</sup> grades enrolled at Johnson Crossing Academic Center, FPS Middle School, Bergan or Trinity who need to be transported from the YMCA to their schools in the morning or brought back to the YMCA after school that afternoon. **This is for transportation only – no supervision is involved.**
- Monday through Friday mornings and afternoons
- Kylie Brown, program director, 402-721-6952, [kylieh@fremontfamilyymca.org](mailto:kylieh@fremontfamilyymca.org) or go to our website – **fremontfamilyymca.org** – for more information on Y programming.

**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!**

## BEFORE/AFTER SCHOOL FRIENDS CLUB TRANSPORTATION ONLY 2024/2025 Academic Year

### BEFORE or AFTER SCHOOL TRANSPORTATION ONLY

Please check  
box that applies

- ☐ \$25 for FFY members (Mornings)  
☐ \$25 for FFY members (Afternoons)  
☐ \$45 for non-members (Mornings)  
☐ \$45 for non-members (Afternoons)

### BOTH A.M. and P.M. TRANSPORTATION ONLY

- ☐ \$45 for FFY members  
☐ \$65 for non-members

**SCHOOLS WHERE YOUTH ARE TRANSPORTED TO and/or BACK TO THE YMCA (please mark what school your child attends)**  
☐ JCAC (5<sup>th</sup> and 6<sup>th</sup> grades)    ☐ Bergan (5<sup>th</sup> & Up)    ☐ Trinity (5<sup>th</sup> & Up)    ☐ FPS MIDDLE SCHOOL (7<sup>th</sup> and 8<sup>th</sup> grades)

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 \_\_\_\_\_