

BEFORE/AFTER SCHOOL FRIENDS CLUB TRANSPORTATION ONLY



- During school months beginning Tuesday, August 11, 2020
- For youth in 5th through 8th grades enrolled at Johnson Crossing Academic Center or FPS Middle School who need to be transported from the YMCA to their schools in the morning and then 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 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 2020/2021 Academic Year

- | | | |
|-------------------------------|--|--|
| Please check box that applies | <u>BEFORE or AFTER SCHOOL TRANSPORTATION ONLY</u> | <u>BOTH A.M. and P.M TRANSPORTATION ONLY</u> |
| | <input type="checkbox"/> \$15 for FFY members
<input type="checkbox"/> \$35 for non-members | <input type="checkbox"/> \$30 for FFY members
<input type="checkbox"/> \$50 for non-members |

SCHOOLS WHERE YOUTH ARE TRANSPORTED TO and/or BACK TO THE YMCA (please mark what school your child attends)
 JOHNSON CROSSING ACADEMIC CENTER (5th and 6th grades) FPS MIDDLE SCHOOL (7th and 8th 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 _____ 20-21