



EXCEL AFTER THE BELL

Y Club Afterschool Care
for Grades K–5.

ENROLL
TODAY!

Our Y Club afterschool care program includes a variety of activities to keep your child engaged, healthy, and happy after the school day is done. From free play and physical activity to healthy snacks and homework help, we provide a safe and supportive environment where kids can learn, grow, and have fun with their peers.

OUR STAFF

All Y Club staff are trained, qualified and have cleared a background check. They also complete annual childcare training, child abuse prevention training, mandated reporter training, and CPR/First Aid/AED certification, so you can be confident that your child is receiving safe, quality, and supportive care after school each day.

PROGRAM HOURS

Our Afterschool Programs operate on regular school attendance days from school dismissal until 5:30pm. Early dismissal care may be available on designated school early-release days.

LOCATIONS (Frontenac/Pittsburg)

- Frank Layden
- George Nettels
- Lakeside
- Meadowlark
- Westside
- St. Mary's Colgan

WEEKLY FEES

Save with your YMCA Membership!

At \$52/month, family membership pays for itself with the Afterschool Member discount. Plus, you get member discounts on swim lessons, youth sports and Kids Night Out, and member access to all the Y has to offer!

Part-Time (1–3 days):

- YMCA Members: \$30/week
- Community Members: \$45/week

Full-Time (4–5 days):

- YMCA Members: \$40/week
- Community Members: \$60/week

Registration Fee: A fee of \$25 per child is due before enrollment in the afterschool program and is nonrefundable.

FINANCIAL ASSISTANCE

Financial assistance is available to all participants. To request financial assistance, you must first apply for Kansas Department for Children and Families (DCF) Child Care Assistance through the DCF Child Care Subsidy Program. Learn more at pfymca.org/afterschool

REGISTRATION

All completed Afterschool Care Documents can be turned into the Welcome Center at the Pittsburg Family YMCA (1100 N Miles Ave, Pittsburg, KS), or emailed to the smccullough@pfymca.org.

PITTSBURG FAMILY YMCA

1100 N Miles Ave, Pittsburg, KS 66762 | 620-231-1100 | www.pfymca.org/afterschool



PITTSBURG FAMILY YMCA

AFTER SCHOOL REGISTRATION FORM

CHILD'S INFORMATION

First Name	Middle	*Last
*Date of Birth (Month/Day/Year)		Gender ☐ Male ☐ Female
Children live with		

AFTER SCHOOL LOCATION

- ☐ Frank Layden ☐ St Mary's ☐ George Nettels ☐ Lakeside ☐ Meadowlark ☐ Westside

PARENT/GUARDIAN INFORMATION

Name (Title–Mr., Ms., Mrs.)	*First	Middle	*Last	Suffix (Sr., Jr., II, III)	
*Home Street Address / PO Box		Apt. #	*City	*State	*Zip
(Include Area Codes) Home Phone ()		*Cell Phone ()			
*Preferred Email Address		*Date of Birth (Month/Day/Year)		Gender ☐ Male ☐ Female	
Employer Name					

EMERGENCY CONTACT

Name (First, MI, Last)		Relationship
(Include Area Codes) Home Phone ()	Home Phone ()	Cell Phone ()

PAYMENT INFORMATION

Will you be using DCF payments for the Afterschool Program? ☐ Yes ☐ No

Are you enrolling for Full-Time or Part-Time? ☐ Full-Time (4-5 days) ☐ Part-Time (1-3 days)

USD 250 only: Is your child is going to attend Dragon Academy? ☐ Yes ☐ No

What days of the week will your child participate in the Afterschool Program? ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri

Is your child a member of the Pittsburgh Family YMCA? ☐ Yes ☐ No

***Financial Assistance Policy:** Families seeking financial assistance for childcare are required to first apply for childcare assistance through the Kansas Department for Children and Families (DCF). To begin the process, families must submit an inquiry to DCF through the Kansas Department of Health and Environment (KDHE).

Once DCF has made its determination, families must provide the YMCA with their DCF notice of determination along with the YMCA Financial Assistance Worksheet. If DCF assistance does not provide enough support to make childcare affordable for the family, the family may then apply for YMCA Financial Assistance for consideration.

As part of the YMCA Financial Assistance application process, families are required to submit a copy of their DCF notice of determination. Applications for YMCA Financial Assistance will not be considered without this documentation.

DRAFT INFORMATION

Name of Bank Customer/Credit Card Holder as it appears on the card					
First Name		Middle	Last	Suffix (Sr., Jr., II, III)	
Billing Address (if different than mailing address)				PO Box or Apt. #	
City		State		Zip	Phone
Draft Amount		Draft Date: ☐ Fridays Begin Date: _____		Billing Method ☐ Credit Card ☐ EFT	
Electronic Fund Transfer Info (use voided check)	Routing Number			Account Number	☐ Checking ☐ Savings
Credit Card Information	Card Number				Expiration Date
I would like to make a monthly gift to the Annual Campaign in the amount of: ☐ \$5.00 ☐ \$10.00 ☐ \$25.00 ☐ Other: _____					

PARTICIPATION RELEASE

I release the Pittsburgh Family YMCA from all claims of injury which may be sustained by the participant while participating in any Y-sponsored activity, whether caused by negligence of the Y or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Pittsburgh Family YMCA's standards and guidelines while participating in any Y-program. Pittsburgh Family YMCA asks that only the items requested by staff be brought to camp and to keep all other personal items be left at home. By signing below, I give the Y permission to use photographs or videos of the named participant in its promotional/education materials.

Participant Parent/Guardian Signature: _____ Date: _____

Child Health History School Age Programs

In accordance with K.A.R. 28-4-590(d)(1), each school age program operator shall obtain a health history for each child or youth. Each health history shall be maintained in the child's or youth's file on the premises.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home/Cell Phone Number _____

Home/Cell Phone Number _____

Work Phone Number _____

Work Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Child's Physician Name & Phone Number _____

Physician Address _____

Hospital Preference (for emergencies): _____

List any allergies or medical conditions of child:

List any non-prescription or prescription medication the child will take during their time at the program:

Provide additional information that will help staff meet the needs of the child (attach additional page if needed):

Parent/Guardian Signature: _____ Date: _____

Child Health History (continued)

Immunizations

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

K.A.R. 28-4-590(d)(2), Each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.
 K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1 st	2 nd	3 rd	4 th	5 th
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					
I attest that to the best of my knowledge the immunization information entered is true and correct.					
Parent/Guardian Signature: _____ Date: _____					

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

☐ (A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

____DTaP ____Hib ____Hep A ____Hep B ____MMR ____PCV15/PCV20 ____IPV ____VAR

Physician's Signature (required): _____ Date: _____

☐ (B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Parent/Guardian Signature: _____ Date: _____



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
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I authorize _____ (caregiver/staff) who
is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical
care for my child or youth _____ (child's first and last name) while
child or youth is in the facility's custody between _____ and _____.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of
emergency:

Signature of Parent or Guardian	Date Signed
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The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for
Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth
is off premised from the facility.



Authorization for Self-Administration of Medication (Children/Youth in School Age Programs)

According to K.A.R. 28-4-590(e)(5)(A) any operator may permit a child or youth with a **chronic illness, condition requiring prescription medication on a regular basis, or a condition requiring the use of an inhaler** to administer the medication under staff supervision. The operator shall obtain written permission for the child or youth to self-administer medication from the child's or youth's parent or other adult responsible for the child or youth, and from the licensed physician or nurse practitioner treating the condition of the child or youth. Prescription medications must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. A record of administration must be kept.

First and Last Name of Child or Youth			
Name of Medication (only one medication per authorization)			
Reason for Medication			
Dose	Time to be Given	Start Date	Stop Date**
Print the Name of licensed Physician or Nurse Practitioner prescribing the medication		Phone# of Health Care Provider	
I authorize the self-administration of the above medication by my child or youth under staff supervision.			
Signature of Parent or Responsible Adult			Date Signed
I authorize the self-administration of the above medication by the child or youth listed above under staff supervision.			
Licensed Physician or Nurse practitioner Signature			Date Signed

****Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature and the licensed physician or nurse practitioner signature is required only once per year.**

THIS FORM IS TO BE USED TO DOCUMENT SELF ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Provider or staff member supervising the self-administration of medication to note any comments or remarks about the child's or youth's appearance and/or condition on the back of the form.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

Each person administering medication is to sign on the back side of this form and identify initials used above.

Prescription medication must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child or youth designated on the prescription label in accordance with the instructions on the label. **Non-prescription medications** can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

Medication #1		
First and Last Name of Child/Youth	Date of Birth	
Name of Medication		
Reason for Medication		
Dose	Time to be Given	Stop Date
Name of Licensed Physician/PA/APRN prescribing the medication		
I allow the above medication to be given to my child/youth by the designated person.		
Parent's Signature		Date

Medication #2		
First and Last Name of Child/Youth	Date of Birth	
Name of Medication		
Reason for Medication		
Dose	Time to be Given	Stop Date
Name of Licensed Physician/PA/APRN prescribing the medication		
I allow the above medication to be given to my child/youth by the designated person.		
Parent's Signature		Date

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE.
Designated Person to note any comments or remarks about the child's/youth's appearance below on this form.
*Each designated person administering medication is to sign below on this form and identify initials used.

[illegible]

Prescription medications must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child designated on the prescription label in accordance with the instructions on the label. **Non-prescription medications** can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

First and Last Name of Child/Youth			Date of Birth
Name of Medication (only one medication per authorization)		Prescription OR Non-Prescription	
Reason for Medication			
Dose	Time to be Given	Start Date	Stop Date**
Name of Licensed Physician, PA or APRN prescribing the medication			
I allow the above medication to be given to my child/youth by the designated person.			
Parent's Signature		Date Signed	

****Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.**

This form is to be used to document administration of only the medication(s) identified above. Designated Person to note any comments or remarks about the child's/youth's appearance on the back of this form.

*Each designated person administering medication is to sign on the back side of this form and identify initials used.

[illegible]

FINANCIAL ASSISTANCE APPLICATION

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Household members (Including Self)			Relationship	DOB	Check if claimed on form 1040 as dependent
First	Middle Initial	Last			

Income/Expense Worksheet

Income	Amount	Expense	Amount
Gross Monthly Income (Before Taxes)	\$	Rent/Mortgage	\$
Spouse's Gross Monthly Income	\$	Car/Insurance	\$
Child Support	\$	Fuel	\$
Aid to Dependent Children	\$	Groceries	\$
Social Security Compensation	\$	Utilities	\$
Unemployment Compensation	\$	Phone	\$
Food Stamps	\$	Child Support	\$
Tanf/Cash Benefits	\$	Medical	\$
Retirement Funds	\$	Childcare	\$
Other (Please Explain)	\$	Alimony	\$
Other (Please Explain)	\$	Other (Please Explain)	\$
Other (Please Explain)	\$		
Total Monthly Income	\$	Total Monthly Income	\$

Please provide the following documents to the Y when applying for financial assistance:

*** Current W-2's *1099, *Current 1040 Income tax forms *Proof of government assistance**

I am requesting assistance from the Y because of my personal circumstances. I verify that all information submitted is complete and accurate. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the financial assistance program. I understand that as a participant in the Y's financial assistance program, I will be asked to provide proof of income annually. If I do not verify information annually, my membership rate is subject to increase and/or terminated.

Applicant Signature: _____ Date: _____



PITTSBURG FAMILY YMCA
AFTER SCHOOL HANDBOOK REVIEW

I confirm that I have received and reviewed the Y-Club Parent Handbook. I understand the policies and expectations outlined in the handbook, and agree to follow them while my child is enrolled in the program.

Print Child's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Pittsburg Family YMCA Staff Signature: _____ Date: _____



GROWING TOGETHER

Y-Club Parent Handbook

Pittsburg Family YMCA
1100 N Miles Ave, Pittsburg, KS 66762
620-231-1100 • pfymca.org



PITTSBURG FAMILY YMCA MISSION AND GOALS

Mission Statement: At Pittsburg Family YMCA, our mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Our Goals: YMCA School Age Programs aim to help children reach their fullest potential by emphasizing:

- Interpersonal relationships
- Character development
- Academic achievement
- Physical skills
- Health and nutrition

HEALTH AND NUTRITION

A USDA-approved snack is provided. To support this, we ask that no candy, outside food or drinks (except water) be brought to our afterschool program.

ACADEMIC SUPPORT

The Y is dedicated to delivering quality programs for all youth. We understand the importance of combining enriching and fun activities with academic support. Daily homework assistance is available. If your child requires additional help, please speak with your Y-Club Site Director. Our program offers a balanced mix of socialization, recreation and academic support, ensuring a safe and structured extension to your child's school day.

QUALITY STAFF

We provide the highest quality staff to meet your family's needs. Our staff members are required to complete:

- Comprehensive background checks
- 16 hours of state-licensed annual childcare training
- Child abuse prevention training
- Mandated reporter training
- CPR/First Aid/AED certification
- Approval through the Kansas Department of Health and Environment (KDHE) for all directors.

We are here to serve you and your children. Please take the time to meet with your child's Y-Club Site Director and share any information that will help with your child's daily care.

COURT-ORDERED DOCUMENTS

If you have court-ordered paperwork for any individuals who are not allowed contact with your enrolled child, please provide the documents to your Y-Club Site Director at the time of enrollment. The paperwork must be an official court-ordered document, indicating the primary residential parent or shared parental custody, and must be updated annually.

Occasionally, we are asked to provide copies of sign-in/out sheets or attendance records. Please note that to obtain any records from the YMCA, we must be subpoenaed. Thank you in advance for your cooperation.

ENROLLMENT AND PAYMENTS

Enrollment starts on the first day of attendance. Registration, along with all required documentation, must be completed before attendance. Enrollment forms must be renewed annually.

Pre-Enrollment Requirement: Children must be enrolled before starting. Due to licensing requirements, participants who have not completed their registration will not be accepted into the program until it is complete.

Fees:

YMCA Membership	Need	Fee
Yes	Part-Time (1-3 Days)	\$30/wk
Yes	Full-Time (4-5 Days)	\$40/wk
No	Part-Time (1-3 Days)	\$45/wk
No	Full-Time (4-5 Days)	\$60/wk

Registration Fee: A fee of \$25 per child is due before enrollment in the afterschool program and is non-refundable.

Fee Policy: *Enrollment in Y programming reserves your child's space, time and staffing, whether your child attends the program or not. Therefore, weekly fees are due and billed regardless of attendance.*

Non-Payment Policy: Non-payment for the current week may result in immediate termination of services. Continued past due payments may be considered abuse of service and can lead to termination of services.

Financial Assistance: Financial assistance is available to all participants. Qualifications for financial assistance does not remove a participant's responsibility to pay their weekly fees and keep their account current.

***Financial Assistance Policy:** Families seeking financial assistance for childcare are required to first apply for childcare assistance through the Kansas Department for Children and Families (DCF). To begin the process, families must submit an inquiry to DCF through the Kansas Department of Health and Environment (KDHE).





Once DCF has made its determination, families must provide the YMCA with their DCF notice of determination along with the YMCA Financial Assistance Worksheet. If DCF assistance does not provide enough support to make childcare affordable for the family, the family may then apply for YMCA Financial Assistance for consideration.

As part of the YMCA Financial Assistance application process, families are required to submit a copy of their DCF notice of determination. Applications for YMCA Financial Assistance will not be considered without this documentation.

Separate Enrollment: Enrollment in afterschool care does not automatically enroll your child for Summer Camp. This program requires separate registration and additional fees.

DROP OFF AND PICKUP

Kansas State statute regulating childcare licensing requires that all children be signed in and out by an authorized parent/guardian or another authorized person over the age of 18. Our staff will sign your child in upon arrival to the afterschool program. It is the responsibility of the parent/guardian or authorized persons to sign the child out at the correct time.

- **Safety Protocol:** For your child's safety, if someone appearing to be under the influence of drugs or alcohol arrives to pick up your child, our staff will contact another person on your pick-up authorization list. If no one is available, we will call local law enforcement.
- **Authorized Pickup:** Children will only be released to a parent/guardian or authorized persons. Staff may request photo identification at sign-out if they are unfamiliar with the person picking up the child.
- **Late Pickup:** If you anticipate being late to pick up your child, please notify the Y-Club Site Director or YMCA immediately. All YMCA childcare programs end promptly at 5:30pm. A late fee will apply if your child is picked up late: \$10 for 1-10 minutes late and an additional \$1 per minute for every minute thereafter. Any late fees will be charged via Electronic Funds Transfer the following business day.

STAFF CODE OF CONDUCT

YMCA staff members sign a Code of Conduct that outlines expected behaviors both at work and within the community. This Code of Conduct specifies appropriate behaviors and sets rules to prevent potential abuse and to avoid placing adults in vulnerable positions where allegations of abuse could arise. Signing this document is a crucial step in ensuring the protection of your child during our program and in community social settings.

- YMCA staff members must adhere to these guidelines or face termination.
- To protect our organization, staff and participants, please do not ask YMCA staff to babysit, transport or otherwise be responsible for your child outside of YMCA program time.
- Staff are also prohibited from engaging with children online or through any type of electronic communication.

These measures are in place to ensure the safety and well-being of all involved.

PERSONAL ITEMS, MOBILE PHONES, AND ELECTRONIC DEVICES

Please ensure your child leaves personal items such as tablets, iPods, toys, mobile phones, games and trading cards at home. These items are not allowed in the program. If your child has a school-issued iPad, it can be used during homework time for homework purposes only. The YMCA is not responsible for lost, stolen or broken items. If this policy is not followed, items will be confiscated and only returned to a parent/guardian or authorized person at pickup time.

HEAD LICE

Head lice checks will be conducted as needed by designated YMCA staff. If live head lice or new eggs are found in your child's hair, a parent/guardian will be notified and advised on treatment.

EMERGENCY CLOSURES

Pittsburg Family YMCA will not offer childcare when USD #249, USD #250 and/or St. Mary's Colgan is not in session. This includes closures due to inclement weather, snow or any other unscheduled school closings.

HOLIDAY/NO SCHOOL DAYS SCHEDULE

Holidays-CLOSED

To allow staff time with their families, our programs will be closed for all childcare on the following holidays. Please note that we will be closed for certain parts of some holiday breaks.

- **Labor Day**
- **Thanksgiving Break**
- **Christmas Break**
- **New Year's Day**
- **Good Friday**
- **Closed Last Week of May**

Summer Camp will start June 1, 2026.





You will receive reminders about these days in advance to help you plan. ***Once registered for these special childcare programs, there will be no refund or credit if the child is unable to participate.***

DISCIPLINE PROCEDURES

YMCA staff are committed to fostering a positive environment based on the YMCA's Four Core Values: Caring, Honesty, Respect, and Responsibility. We highly encourage and expect proper participation and conduct from all children.

Discipline Procedures:

- **Positive Behavior Support:** We use redirection, verbal praise and conflict resolution techniques as preventive measures to encourage positive behavior.
- **Behavior Review:** Any behavior notifications will be reviewed with the Y-Club Site Director to determine appropriate next steps.
- **Appropriate Discipline:** Children will not be subjected to severe, humiliating or frightening discipline. Discipline will not involve food, rest or toileting as consequences.

We aim to maintain a supportive and respectful environment for all participants.

Expulsion Policy

1. **Verbal Warning:** The child and parent will receive a verbal warning. The incident will be documented in the children's file.
2. **Written Warning:** A written warning will be issued to the parents.
3. **Suspension:** The child may be suspended from the program for 1-3 days.
4. **Dismissal:** If issues persist, dismissal from the program may occur.

Dismissal Reasons: Dismissal from the YMCA program may occur for the following reasons:

- **Discipline Issues:** Persistent discipline problems that cannot be resolved despite repeated attempts, or issues that jeopardize the safety of others.
- **Excessive Late Pickup:** Frequent late pickup after program hours.
- **Fee Payment Issues:** Excessive tardiness in fee payments or failure to make payments for more than 2 weeks.
- **Inappropriate Behavior:** Disruptive or disrespectful behavior from adults involved with the program.

These steps ensure a safe and respectful environment for all participants.

HOURS

Afterschool program is open from 3:00pm-5:30pm.
Early Dismissal is open from 12:30pm-5:30pm.

SCHEDULE

3:00-3:15pm Attendance
3:15-3:45pm Snack
3:45-4:15pm Physical Activity
4:15-4:45pm Homework time/Reading time
4:45-5:15pm Group Activity
5:15-5:30pm Free Play in Gym until pick-up

LOCATIONS

Frank Layden Elementary School

200 East Lanyon St
Frontenac, KS 66763

George E. Nettels Elementary School

2012 Homer St.
Pittsburg, KS 66762

Lakeside Elementary School

709 S. College St.
Pittsburg, KS 66762

Meadowlark Elementary School

1602 E. 20th St
Pittsburg, KS 66762

Westside Elementary School

430 W. 5th St
Pittsburg, KS 66762

St. Mary's Elementary School

301 E. 9th St.
Pittsburg, KS 66762

PRIMARY CONTACT INFORMATION:

Please contact the Y for any questions or concerns.

Office: 620-231-1100

Email: smccullough@pfymca.org

