



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**SHAWNEE MISSION PRESCHOOL  
NO SCHOOL DAYS ENROLLMENT FORM  
2019-2020 SCHOOL YEAR**

**Shawnee Mission School District  
No School Days for September-November 2019**

Hours: 7 a.m. - 6 p.m.

**Information You Should Know About No School Days**

- Register early. All registrations will close one week prior to the scheduled No School Day.
- Tuition is \$30 per child per day. **It is non-refundable and non-transferable.** Payment is due at time of registration.
- **If child is not registered for a Y preschool program for 2019-20**, you will be automatically charged a \$75 one-time registration fee.
- You must bring a copy of your child's emergency packet to the No School Day location.
- You must bring a sack lunch. A morning and afternoon snack will be served.
- Programs are subject to cancellation when low enrollment occurs. Decisions will be made one week before the scheduled No School Day.

**Registration Options**

Online Preferred Method	Walk-In	Phone	Fax
KansasCityYMCA.org/YClub Online option closes one week prior to scheduled No School Day.	Youth Development Services 8205 W 108 <sup>th</sup> Terrace, Suite 120 Overland Park, KS 66210	913.345.9622 Credit card only.	816.931.1847 Credit card only.

Registrations will not be accepted at your child's school, via email or by mail.

Choose Your Dates	Choose Your Location
<input type="checkbox"/> September 13 <input type="checkbox"/> October 11 <input type="checkbox"/> November 25 <input type="checkbox"/> October 10 <input type="checkbox"/> October 25 <input type="checkbox"/> November 26	<input type="checkbox"/> <b>Highlands</b> 6200 Roe Avenue, Mission, KS 66205

**Participant and Payment Information**

Child's name \_\_\_\_\_ School child normally attends \_\_\_\_\_

Parent's name \_\_\_\_\_

Home phone \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Payment type    Visa     MasterCard     Discover     Amex     Check     Scholarship % \_\_\_\_\_

SRS  (payment must be called in prior to sign-up - we need amount, date and confirmation number)

Credit card no. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount due \_\_\_\_\_ Billing zip code for credit card \_\_\_\_\_

Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make your payment for No School Day care separate from your weekly fee payment.**