



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SHAWNEE MISSION PRESCHOOL
NO SCHOOL DAYS ENROLLMENT FORM
2020-21 SCHOOL YEAR**

**Shawnee Mission School District
No School Days for January-April
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 2020-21**, 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.	Association Resource Center 3100 Broadway Street, Suite 1020 Kansas City, MO 64111	816.360.3390 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"/> January 4 <input type="checkbox"/> April 2 <input type="checkbox"/> April 7 <input type="checkbox"/> January 25 <input type="checkbox"/> April 5 <input type="checkbox"/> April 8 <input type="checkbox"/> February 16 <input type="checkbox"/> April 6 <input type="checkbox"/> April 9	<input type="checkbox"/> Highlands 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.