



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SHAWNEE MISSION PRESCHOOL
NO SCHOOL DAYS ENROLLMENT FORM
2023-24 SCHOOL YEAR**

**Shawnee Mission School District
No School Days for February-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 2023-24** 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 | 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 | 816.931.1847 Credit card only. |

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

| Location | Choose Your Dates |
|--|--|
| Highlands Elementary 6200 Roe Ave, Mission, KS 66205 | <input type="checkbox"/> February 9 <input type="checkbox"/> March 14 <input type="checkbox"/> March 8 <input type="checkbox"/> March 15 <input type="checkbox"/> March 11 <input type="checkbox"/> April 12 <input type="checkbox"/> March 12 <input type="checkbox"/> April 15 <input type="checkbox"/> March 13 |

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)

Last four digits of credit card _____ Exp. Date _____

Amount due _____ Billing zip code for credit card _____

Payer Signature _____ Date _____

OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY