



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**SHAWNEE MISSION PRESCHOOL  
NO SCHOOL DAYS ENROLLMENT FORM  
2024-25 SCHOOL YEAR**

**Shawnee Mission School District  
No School Days for December-January  
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 2024-25** 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 6901 Shawnee Mission Pkwy #300 Overland Park, KS 66202	816.931.1847 Credit card only.

Registrations will not be accepted at your child's school.

Choose Your Location	Choose Your Dates
<input type="checkbox"/> <b>Highlands Elementary</b> 6200 Roe Ave, Mission, KS 66205	<input type="checkbox"/> December 23      December 20 at Bluejacket Flint <input type="checkbox"/> December 26      December 20 at Highlands <input type="checkbox"/> December 27      December 20 at Roesland <input type="checkbox"/> December 30      December 20 at Santa Fe Trail <input type="checkbox"/> January 2 <input type="checkbox"/> January 3 <input type="checkbox"/> January 21

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

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

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

Payment Type      Credit/Debit Card      Bank Acct (please attach voided check)      DCF (EBT Card)

Last 4 digits of card \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Amount Due \_\_\_\_\_ Approved Scholarship % \_\_\_\_\_

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

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