



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**SHAWNEE MISSION PRESCHOOL/PRE-K
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"/> Highlands Elementary 6200 Roe Ave, Mission, KS 66205	<input type="checkbox"/> February 7 <input type="checkbox"/> March 20 <input type="checkbox"/> February 18 <input type="checkbox"/> March 21 <input type="checkbox"/> March 14 <input type="checkbox"/> April 21 <input type="checkbox"/> March 17 <input type="checkbox"/> March 18 <input type="checkbox"/> March 19

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.