

SUMMER ENRICHMENT ENROLLMENT FORM – 2019

2018-2019

Student Name _____ Age _____ Grade _____ Birth Date _____

Last First

Guardian(s) Name(s) _____ Student Gender M _____ F _____

Guardian 1 Guardian 2

Home Phone (_____) _____ Work Phone - Guardian 1 (_____) _____ Guardian 2 (_____) _____

Cellular Phone: Guardian 1 (_____) _____ Guardian 2 (_____) _____

Address _____ City _____ State _____ Zip _____

Email Address(es) _____ SMSD Student ID# _____

Guardian 1 Guardian 2

Current IEP/Plan? ** YES _____ NO _____ 504 _____ Gifted _____ SPED _____ Health _____

**Non-district students must supply a copy of IEP accommodations.
*Please complete below if new SMSD or non-district:

Do you live in the Shawnee Mission School District? YES _____ NO _____ *Primary Language Spoken _____

Current School _____ Resident School District if not SMSD _____

*Please complete below if new SMSD or non-district:

*Race: White _____ Black/African American _____ Asian _____ Native Hawaiian/Pacific Islander _____ American Indian/Alaskan Native _____ Ethnicity: Hispanic? Y _____ N _____

Week Number and Date	AM/PM	Class Name	Class Tuition \$95	Do you want Early Care? Add \$15	Do you want Late Care? Add \$15	Do you want Lunch Care? Add \$15**	Total Tuition & Fees Per Week
Week 1 June 10-14	AM						
	PM						
Week 2 June 17-21	AM						
	PM						
Week 3 June 24-28	AM						
	PM						
No Classes July 1-5							
Week 4 July 8-12	AM						
	PM						
Week 5 July 15-19	AM						
	PM						
Week 6 July 22-26	AM						
	PM						
**Lunch Care-If student is enrolled in both AM & PM classes the same week, there is no charge for Lunch Care.						Total Due	\$

This form with completed office box will serve as your confirmation receipt for office enrollments only. Mailed enrollments will receive a payment receipt by email. All non-SMSD students, new SMSD students AND all Smiley Face enrollees must include an annual COMPLETED Health History and a COMPLETED physician signed Certificate of Immunizations with this enrollment form. Registration is not complete until these forms are received in the Summer Programs office. You will be contacted ONLY if a class is cancelled.

Mail or bring forms and fees with check or money order payable to Shawnee Mission School District to: Summer Enrichment, Broadmoor Technical Center, 6701 W. 83rd St., Overland Park, KS 66204.

Parent/Guardian Signature _____

20% withdrawal fee before May 15; no refunds after May 15, 2019.

Date _____ **NO enrollments or payments after July 8, 2019.**

OFFICE USE ONLY Supplemental Tuition Paid by Other Than Parent:

\$ _____ Check # _____ Cash _____ Credit Card _____

Source of Payment – Name _____

Address _____

City/State _____ Zip Code _____



For Office Use Only

Enrollment Date: _____

Mailed _____ In Person _____

Check # _____ Cash _____

Charge _____

Card Authorization #

Amount Paid \$ _____

Health Form Yes No N/A

KCI Form Yes No N/A

Photo Release Yes No N/A

FA Verified _____ Enrolled by _____