



# SHAWNEE MISSION SCHOOL DISTRICT

5900 Lamar Ave

Mission, KS 66202

## 2019-2020 School Year

Shawnee Mission School District Little Horizons Early Learning Center Application to Reserve Care  
please complete one form per child

Child's Name \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Parent's Name \_\_\_\_\_

SMSD staff \_\_\_\_\_ SMSD student \_\_\_\_\_

**Deposit of \$50 to reserve care is required** Date Received \_\_\_\_\_

Weekly Tuition-Please circle your choice

**Full-time**

Up to 12 months	\$ 290.00
12 months to 2 years	\$ 265.00
2 years and up	\$ 235.00

### Contact information

School \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Hours of Operation: 6:45 a.m. to 5:00 p.m. Monday through Friday

Start Date: \_\_\_\_\_

### Agreement

By signing this agreement, I agree to the terms and procedures outlined in the parent handbook and the payment rate and schedule. The period of this enrollment term and fee payment will coincide with the 2019–2020 school calendars. Payment are due the 1<sup>st</sup> of the month or the 1<sup>st</sup> and the 15<sup>th</sup> of the month. If parent wants to withdraw the child from care, a written notice at least 2 weeks in advance shall be provided to child care center and to payroll. Your obligation is to continue payment until the date of the official withdrawal and then the agreement will be considered terminated.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent of student (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Provider signature \_\_\_\_\_ Date: \_\_\_\_\_