

SUMMER ENRICHMENT ENROLLMENT FORM – 2020

2019-2020

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 AND Activity Letter & Name	Class Tuition \$95	Do you want Early Care? Add \$20	Do you want Late Care? Add \$20	Do you want Lunch Care? Add \$20**	Total Tuition & Fees Per Week
Week 1 June 8-12	AM						
	PM						
Week 2 June 15-19	AM						
	PM						
Week 3 June 22-26	AM						
	PM						
No Classes June 29-July 3							
Week 4 July 6-10	AM						
	PM						
Week 5 July 13-17	AM						
	PM						
Week 6 July 20-24	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	\$

Office enrollments will receive a payment receipt as confirmation (copy of enrollment form may be requested). Mailed enrollments will receive a payment receipt by email. **All non-SMSD students, new SMSD students AND all Smiley Face enrollees must provide and/or update an annual COMPLETED Health History and a COMPLETED proof of immunizations (Kansas Certificate, pink card copy or physician portal).** Registration is not complete until these forms are received or updated. You will be contacted ONLY if a class is full or cancelled.

Mail forms and fees with check or money order payable to Shawnee Mission School District to:
 Summer Enrichment, Broadmoor/ECE Center, 6701 W. 83rd St., Overland Park, KS 66204.
 Forms and fees with cash (exact amount), checks and credit cards also accepted in office.

For Office Use Only

Enrollment Date: _____ By _____
 Mail _____ Email _____ In Person _____
 Check # _____ Cash _____
 Charge _____

Parent/Guardian Signature _____

20% withdrawal fee before May 13; no refunds after May 13, 2020.

Date _____ **NO enrollments or payments after July 6, 2020.**

OFFICE USE ONLY Supplemental Tuition Paid by Other Than Parent:

\$ _____ Check # _____ Cash _____ Credit Card _____

Source of Payment – Name _____

Address _____

City/State _____ Zip Code _____



Card Authorization #

Amount Paid \$ _____

Health Form Yes No Online N/A
 Immunizations Yes No N/A
 Photo Release Yes No Online N/A
 Med Permission Yes No Online N/A
 FA Verified _____ DL# _____
 Name _____