

SUMMER ENRICHMENT ENROLLMENT FORM – 2021

2020-2021

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 _____

Current School _____ *Primary Language Spoken _____

Week Number and Date	Class Name AND Activity Letter & Name	Class Tuition \$95	Do you want Early Care? Add \$20	Total Tuition & Fees Per Week
Week 1 June 21-25				
Week 2 June 28-July 2				
No Classes July 5-July 9				
Week 3 July 12-16				
Week 4 July 19-23				
TOTAL DUE				\$

Office enrollments by appointment only will receive a payment receipt as confirmation (copy of enrollment form may be requested). Mailed enrollments will receive a payment receipt by email. All new SMSD students AND all SMSD Smiley Face enrollees must provide and/or update an annual Health History and proof of immunizations. Registration is not complete until these forms are received or updated. You will be contacted ONLY if a class is full or canceled.

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 by
 appointment only.

Parent/Guardian Signature _____

20% withdrawal fee before May 24; no refunds after May 24, 2021.

Date _____ **NO enrollments or payments after July 12, 2021.**

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: _____ By _____

Mail _____ Email _____ In Person _____

Check # _____ Cash _____

Charge _____

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 _____