

SUMMER ENRICHMENT ENROLLMENT FORM – 2023

2022-2023

Student Name _____ Age _____ Grade _____ Birth Date _____

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

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

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

Address _____ City _____ State _____ Zip _____

Email Address(es) _____ SMSD Student ID# _____

Current IEP/Plan? ^{Guardian 1} YES _____ NO _____ 504 _____ Gifted _____ SPED _____ Health _____ **Non-district students must supply a copy of IEP accommodations.

Do you live in the Shawnee Mission School District? YES _____ NO _____ *Please complete below if new SMSD or non-district: *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 Lunch Care? Add \$20**	Total Tuition & Fees Per Week
Week 1 June 5-9	AM					
	PM					
Week 2 June 12-16	AM					
	PM					
Week 3 June 19-23 (no class June 19)	AM		\$76			
	PM		\$76			
Week 4 June 26-30	AM					
	PM					
No Classes July 3-July 7						
Week 5 July 10-14	AM					
	PM					

****Lunch Care-If a student is enrolled in both AM & PM classes the same week, there is no charge for Lunch Care.**

Total Due	\$
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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 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 are also accepted in the office.

Parent/Guardian Signature _____
Date _____ **20% withdrawal fee before May 8: no refunds after May 8, 2023.**
NO enrollments or payments after July 10, 2023.

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 _____