

# SUMMER ENRICHMENT ENROLLMENT FORM – 2024

2023-2024

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.

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 10-14	AM					
	PM					
Week 2 June 17-21 <small>(no class June 19)</small>	AM		\$76			
	PM		\$76			
Week 3 June 24-28	AM					
	PM					
No Classes July 1-July 5						
Week 4 July 8-12	AM					
	PM					
Week 5 July 15-19	AM					
	PM					
<b>**Lunch Care-If a student is enrolled in both AM &amp; PM classes the same week, there is no charge for Lunch Care.</b>					<b>Total Due</b>	<b>\$</b>

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, CAA 8200 W. 71st St. Shawnee Mission, 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 10; no refunds after May 10, 2024.**  
**NO enrollments or payments after July 12, 2024.**

**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 \_\_\_\_\_