



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Shawnee Mission No School Days
2011/2012 School Year
Hours 7:00am – 6:00pm**

What you should know about No School Days:

You must bring a copy of your child’s Packet to the No School Day location.
 You must bring a sack lunch. We serve a morning and afternoon snack.
 The tuition is \$22/child/day, and it is due at the time you register.
 Tuition for No School Days is non-refundable and non-transferable.
 No School Days have limited availability. Register early.
 Please register no later than 24 hours in advance. The 24 hour deadline does not guarantee availability.
 There is no charge for preschoolers for Oct 3 – Oct 28 and March 9, 19, & 30

Registration Options:

Option 1: Online at www.kansascityymca.org. Credit card only.
 Option 2: In person at 8205 W. 108th Terr., Overland Park, KS 66210. Check or credit card.
 Option 3: By phone at 913.345.9622. Credit card only.
 Option 4: After completing this form, fax it to 913.345.0524. Credit card only.
 Registrations will not be accepted at your child’s school or by mail.

Choose your date(s)	Choose your location
<input type="checkbox"/> October 3 <input type="checkbox"/> March 9 <input type="checkbox"/> October 14 <input type="checkbox"/> March 12 <input type="checkbox"/> October 27 <input type="checkbox"/> March 13 <input type="checkbox"/> October 28 <input type="checkbox"/> March 14 <input type="checkbox"/> December 20 <input type="checkbox"/> March 15 <input type="checkbox"/> December 21 <input type="checkbox"/> March 16 <input type="checkbox"/> December 22 <input type="checkbox"/> March 19 <input type="checkbox"/> December 23 <input type="checkbox"/> March 30 <input type="checkbox"/> December 27 <input type="checkbox"/> December 28 <input type="checkbox"/> December 29 <input type="checkbox"/> December 30	<input type="checkbox"/> Pawnee 9501 W. 91 st St. <input type="checkbox"/> Crestview 6101 Craig Rd, Merriam, KS 66202 <input type="checkbox"/> Highlands 6200 Roe Ave, Mission, KS 66205

Child’s Name _____ School child normally attends _____

Parent’s Name _____

Home Phone _____ Work or Cell _____

Payment Type – Visa MasterCard Disc. Amex Check Scholarship % _____
 SRS (payment must be called in prior to sign-up – we need amount, date, & confirmation #)

Credit Card# _____ Expiration Date _____

Amount Due _____ Billing Zip Code for CC _____

Please make your payment for No School Day care separate from your weekly fee payment.