SUMMER PLUS 2015 – Application

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_ Gr. ending June 2015\_\_\_ [ M F ] School\_\_\_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_ Gr. ending June 2015\_\_\_ [ M F ] School\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about Summer Plus?**

\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose your plan by placing your child’s initials in the correct box:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SP/CAK 6 weeks** | **SP/CAK 1st 3 weeks** | **SP/CAK 2nd 3 weeks** | **LFT 6 weeks** |
| **Full day** |  |  |  |  |
| **Half day AM** |  |  |  |  |
| **Half day PM** |  |  |  |  |

**Submit your application for full-time enrollment before 4/10/15 and a $100 deposit will hold your child’s spot! Unpaid balances are due and payable on 5/15/15.**

**After 4/10/15, and for part time enrollments, the full fee is due *at time of enrollment*.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(All fees per child)**  **Program choice** | **Cost before 4/10/15** | **Cost after 4/10/15** | **Program Dates and Times** | **Number of children** | **Amount due**  **(# children x cost)** | **Amount Paid**  **At registration** |
| **Full day/6 wks** | **$1,595.00** | **$1,695.00** | **8am-5pm, 6/29-8/7/15** |  | **$** | **$** |
| **Full day/ 3 wks** | **$1,015.00** | **$1,033.00** | **6/29-7/17 or 7/20-8/7** |  | **$** | **$** |
| **Half day/AM or PM** | **$1,015.00** | **$1,033.00** | **6 wks, 8am-12 or 1-5pm** |  | **$** | **$** |
| **Registration** | **(Nonrefundable) $25.00** | |  |  | **$** | **$** |
| **Swimming** | **$55.00** | | **6 wks or am reg only** |  | **$** | **$** |
| ***Summer Sunrise*** | **$90.00** | | **7-8am** |  | **$** | **$** |
| ***Summer Sunset*** | **$125.00** | | **5-6:30pm** |  | **$** | **$** |
| **Late fee (after 6/1)** | **$25.00** | |  |  | **$** | **$** |
| **Deposits are not refundable, but they will be applied to the cost of a full time program *if payment is completed on time*.** | | | | | **Total Due:** |  |

**□ Please send me forms for ordering lunch at Summer Plus (See page 14for information.)**

**Payment Information:**

**□ Check this box if you want the balance automatically charged to your credit card on 5/15/2015**

Payment made by  Check or  Credit: Visa  MasterCard AMEX (circle one)

Number:Exp. Date:  Security Code:

Date:  Signature:

**Faxed applications/enrollments are accepted ONLY with credit card information.**

**ALL BALANCES ARE DUE 5/15/2015. Registrations received after 6/1/2015 will incur a $25 late fee per child.**

Parent/Guardian #1: Name Daytime email

Phones: Home Work Cell Home email

Parent/Guardian #2: Name Daytime email

Phones: Home Work Cell Home email

Make all checks payable to MSD Community School no later than 6/12/15 to: **MSD Community School**

**PO Box 1485, Morristown, NJ 07962-1485**

**TRIP PERMISSION**

I give permission for my child named here: to attend Summer Plus trips on the dates checked. The dates your child attends trips will depend on his/her schedule. (See trip flier in this brochure for more information.) Full time six week students will go on all trips on all dates.

**Check appropriate boxes: \_\_\_July 9 (am) \_\_\_July 16 (pm) \_\_\_July 23 (am) \_\_\_July 30 (pm)**

Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tee Shirt Sizes - Child: \_\_\_ S\_\_\_ M\_\_\_ L\_\_\_ XL Adult: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL**

**Office use only:** Date App. Recd.\_\_\_\_\_\_\_\_\_\_ Amt. recd.\_\_\_\_\_\_\_\_ Bal. Due\_\_\_\_\_\_\_\_ Date Bal. pd.\_\_\_\_\_\_\_\_ Emergency Form rec’d.\_\_\_\_\_\_\_\_