

MORRIS SCHOOL DISTRICT COMMUNITY SCHOOL
 PO Box 1485, Morristown, NJ 07962-1485
 973-292-2063

SUNRISE/SUNSET CHILD CARE PROGRAM REGISTRATION FORM

(All applications must be received a minimum of 5 school days before service is to start.)

Incomplete and/or incorrect applications will be returned.

Child Name _____ Grade _____ School _____ Birthdate _____

Address _____ Home phone _____

Mother's Name _____ Work phone _____ Cell phone _____

Address _____ Home phone _____

Father's Name _____ Work phone _____ Cell phone _____

Address _____ Home phone _____

(Family) EMAIL ADDRESS: Name: _____ Email _____

PLEASE CHECK ITEMS THAT APPLY: My child will participate on the following days of the week:

SUNSET*

___M-F (full time) ___M ___T ___W ___Th ___F

SUNRISE*

___M-F (Full time) ___M ___T ___W ___Th ___F

MONTHLY FEES:

Full Time (5 days) \$240
 4 days/week \$240
 3 days/week \$215
 2 days/week \$145
 1 day/week \$ 75

MONTHLY FEES:

Full Time (5 days) \$172
 4 days/week \$172
 3 days/week \$147
 2 days/week \$ 99
 1 day/week \$ 52

***At least one day per week must be circled to participate in the program.**

Registrations **MUST** be received in the Community School office by August 25th
 in order for child to begin Sunrise and/or Sunset the first week of school.

The Community School must be notified in writing 10 working days before termination of services or you will be charged until notice is given.

START DATE: _____

Registration fee \$25/child _____

1st Month's tuition _____

Amount Enclosed \$ _____

Payment made by (check one): ___ Check payable to MSD Community School

Circle one: Visa AMEX Mastercard

Credit Card # _____ Expiration date _____

Print Name on Card _____ Card security # _____

If you agree to have your Visa, Mastercard, or American Express card charged automatically each month, please sign below. Sign if you accept this agreement.

 Signature

 Date

Parent/Guardian Agreement

I understand that my child and I are responsible for complying with all procedures as outlined in the Parent/Guardian handbook. I understand and agree to all fees and payment deadlines and will contact the MSD Community School if there are any difficulties. My child's enrollment may be terminated if there is a failure to pay and/or make arrangements for payment.

Parent/Guardian Signature _____