

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 \_\_\_\_\_

**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)     \$235  
4 days/week             \$235  
3 days/week             \$210  
2 days/week             \$140  
1 day/week               \$ 70

**MONTHLY FEES:**

Full Time (5 days)     \$168  
4 days/week             \$168  
3 days/week             \$143  
2 days/week             \$ 96  
1 day/week               \$ 49

**\*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 25<sup>th</sup>  
in order for child to begin Sunrise and/or Sunset the first week of school.

**START DATE:** \_\_\_\_\_

Registration fee \$25/child \_\_\_\_\_

1<sup>st</sup> Month's tuition \_\_\_\_\_

Amount Enclosed     \$ \_\_\_\_\_

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

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

Circle one: Visa   AMEX   Mastercard

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Print Name on Card \_\_\_\_\_

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 \_\_\_\_\_