

# PARTNERS IN LEARNING, INC. 2023 Summer Fun Program

## July 5th – August 11th

(program closed July 3<sup>rd</sup> & 4<sup>th</sup>)

**Registration fee due upon sign-up. Spots are limited!**

<b>Cherrywood Academy</b> 8 Cherrywood Drive * Clementon 856-566-1004	<b>PIL at Northfield</b> 408 New Road * Northfield 609-377-8337	<b>Country Acres</b> 1880 Glassboro Road * Williamstown 856-881-0400
<b>Summer Fun onsite program open for Preschool thru Kindergarten* Campers</b> *open to students entering 1 <sup>st</sup> grade in the fall * Camp Hours: 8:30am – 3:30pm M-F BeforeCare and AfterCare available (times subject to change). Additional rates apply. Off-site trips pending COVID-19 conditions.		

Select Desired Location

<input type="checkbox"/>	Cherrywood Academy	MONDAY through FRIDAY
<input type="checkbox"/>	Country Acres	MONDAY through FRIDAY
<input type="checkbox"/>	Northfield	MONDAY through FRIDAY

Circle Desired Youth T-Shirt Size

CHILD'S NAME: \_\_\_\_\_ T-Shirt size: **XS S M L XL**

PARENTS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*My child will attend all 6 weeks: YES / NO*

*My child is only attending the following weeks (circle): 1 2 3 4 5 6*

**Registration fee (due upon registration): \$50 for single child/\$75 for 2 or more children attending**

**SPECIAL with FULL 6 WEEK SIGN-UP: 50% Registration Discount & Free Camp T-Shirt**

**2023 Weekly Flat Rate – includes camp hours only: 8:30am to 3:30pm**

\$185 Weekly Payment Option       \$1050 Paid in Full Payment

**Additional BeforeCare and AfterCare Weekly Flat Rates**

Required: Include BC/AC drop off/pick up times below in Requested Daily Availability Start and End Times

<input type="checkbox"/>	BeforeCare**	\$44	5 days*	<input type="checkbox"/>	AfterCare**	\$55	5 days*
	7:00-8:30am	weekly			3:30-6:00pm	weekly	

\*\*BeforeCare and AfterCare hours are subject to change

**\$15 T-Shirt fee applies for less than full 6-week sign-up (due upon registration)**

**Additional T-Shirts may be purchased \* See attached order form**

**Additional fees may apply for virtual guest appearances and activities**

**Tuition also includes our Virtual Camp sessions if mandated closing should occur**

**No refunds or credits will be issued unless authorized by the Executive Director**

Posted operating hours, schedule and rates apply during current NJ Dept of Children and Families applicable regulations and are subject to change due to COVID-19 pandemic conditions. We will do our best to notify you if/when conditions require changes from this current schedule.

**\*no part time schedules being accepted at the current time**

Please fill in your child's desired availability on the chart below \* Start and End times are not guaranteed  
 Child's actual schedule will be confirmed following parent, Onsite Director and/or scheduling review

**Requested Daily Availability Start and End Times:**

Monday	Tuesday	Wednesday	Thursday	Friday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____

*For Office Use Only: Assigned Class:*

Preschool       PreK       Kindergarten

TUITION PAYMENT OPTIONS / DIRECT PAYMENT AUTHORIZATION

I authorize Partners in Learning, Inc. (PIL) to initiate electronic debit entries to my:

Checking Account                       Savings Account

for payment of tuition for \_\_\_\_\_.

\_\_\_\_\_ **Pay in Full Option** – First 50% of total tuition (including entire BeforeCare and/or AfterCare fees) debited on June 5, 2023. 50% balance of total tuition payment debited on July 5, 2023.

\_\_\_\_\_ **Weekly Payment Option** – All Day Camp tuition (including weekly BeforeCare and/or AfterCare fees) debited in weekly payments on the Monday of each week of enrollment.

I authorize PIL to initiate ACH debits from the bank account provided below for all tuition payments.

I understand that the deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 7/5/23 through 8/7/23, as long as my child is enrolled.

In order to hold a classroom spot, payments will be deducted weekly regardless of absences, school holidays, Inservice days, weather-related closings, COVID-19 related closings, etc.

These authorizations will remain in full force and effective until PIL has received written notification from me of the termination of my child's enrollment. A 2-week notice is required for any changes in schedule or withdrawal from the program. NO REFUNDS or PRO-RATED TUITION ADJUSTMENTS with early withdrawal.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

I agree to notify PIL immediately regarding any change to my bank account information.

I understand that if funds are not available at the scheduled time of withdraw, a \$10 late fee will apply as well as a \$20 non-sufficient funds fee-per occurrence. These amounts will be charged to my account and added to my next regularly scheduled tuition payment.

I understand that if my child's schedule changes resulting in a revised tuition amount, my scheduled withdrawal amount will change to reflect the change in tuition. PIL will notify you in advance of any change.

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**\*for checking accounts, please attach a voided check if account is different from the one we currently have on file.**

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### T-Shirt Order Form

This form is to be completed only if purchasing additional T-Shirts.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

#### Youth T-Shirts:

QTY	Size	Cost	Total
_____	XS	\$15 x _____	\$_____
_____	S	\$15 x _____	\$_____
_____	MED	\$15 x _____	\$_____
_____	LG	\$15 x _____	\$_____
_____	XL	\$15 x _____	\$_____

#### Adult T-Shirts:

QTY	Size	Cost	Total
_____	XS	\$15 x _____	\$_____
_____	SM	\$15 x _____	\$_____
_____	MED	\$15 x _____	\$_____
_____	LG	\$15 x _____	\$_____
_____	XL	\$15 x _____	\$_____
_____	2XL	\$15 x _____	\$_____

Total Amount: \$\_\_\_\_\_