



**PARTNERS IN LEARNING, INC.**  
**2022 Summer Fun Program**  
**July 5th – August 12th**  
 (program closed July 4<sup>th</sup>)

**Elementary Site Location:**  
**Alice Costello Elementary School**  
**301 Haakon Rd, Brooklawn, NJ 08030**  
**Summer Fun onsite open for Elementary Age Campers**

*Circle Desired Youth T-Shirt Size*

**CHILD'S NAME:** \_\_\_\_\_ **T-Shirt size:** XS-2/4 S-6/8 M-10/12 L-14/16 XL-18/20

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

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

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

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

→ **PLEASE CIRCLE EACH DESIRED CAMP WEEK(s):**    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**

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

**\$180 Weekly Payment Option**     **\$1020 Paid in Full Payment Option**

**All Day Camp**

**\$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**  
**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 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: _____

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 debited on June 6, 2022. 50% balance of total tuition payment debited on July 5, 2022.

\_\_\_\_\_ **Weekly Payment Option** – All Day Camp tuition debited in weekly payments on the Monday of each week of enrollment (\$10 processing fee to be added to first direct payment).

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 7/5/22 through 8/8/22, 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
_____	2/4	\$15 x _____	\$_____
_____	6/8	\$15 x _____	\$_____
_____	10/12	\$15 x _____	\$_____
_____	14/16	\$15 x _____	\$_____
_____	18/20	\$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: \$\_\_\_\_\_**