



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



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

	<p><b><u>Week 1: July 5<sup>th</sup> – July 8<sup>th</sup> (no camp July 4<sup>th</sup>): Discovery Island</u></b>        Welcome to camp! Campers will take imaginary excursions to explore the island. On the way, they will see volcanoes, climb palm trees, and sip from coconuts. A beach party will sizzle up the week as we dress Hawaiian and have a Luau. Toss on your lei and grass skirt! We are going to have wonderful week.</p>
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	<p><b><u>Week 2: July 11<sup>th</sup> – July 15<sup>th</sup>: Adventure Island</u></b>        Ahoy pirates and mermaids! This week will be filled with treasure hunts and enchanted dreams. Come dressed as your favorite pirate or mermaid and join in as we create pirate flags, treasure maps, and be part of the pirate and mermaid parade.</p>
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	<p><b><u>Week 3: July 18<sup>th</sup> – July 22<sup>nd</sup>: Jungle Island</u></b>        The fun continues for our experienced jungle explorers! Fly through trees like Tarzan and see all the animals of the jungle. Be sure to keep your binoculars close. From the high canopies down to the creepy crawlers, you never know what you will see out here.</p>
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	<p><b><u>Week 4: July 25<sup>th</sup> – July 29<sup>th</sup>: Fairytale Island</u></b>        My Lords and Ladies! By order of the King, it is time for another island adventure. If you haven't figured it out already, this week we are going to take campers far-far away to a special kingdom where fairy tales and fantasy come alive.</p>
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	<p><b><u>Week 5: August 1<sup>st</sup> – August 5<sup>th</sup>: Magic Island</u></b>        Prepare to be spellbound! Sprinkle some pixie dust and jump on your unicorn. We are heading into the Enchanted Island! This camp is filled with imagination building experiences and fun! Campers will spark their creativity as they learn about the secret world of fairies, gnomes, elves, unicorns, and all things magical.</p>
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	<p><b><u>Week 6: August 8<sup>th</sup> – August 12<sup>th</sup>: Under the Island</u></b>        Dive in with us as we sneak-a-peek into the world below! We will discover the hidden treasures of the sea through enchanting hands-on activities, music, arts, and social skills. Don't be shark bait and miss this adventure!</p>
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See our website for more information at [www.pilnj.org](http://www.pilnj.org) \* Center Hours are 7:00am – 6:00pm M-F



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<b>Summer Fun onsite open for Preschool thru Kindergarten* Campers</b> <i>*open to students entering 1<sup>st</sup> grade in the fall * Camp Hours: 8:30am – 3:30pm M-F</i> <i>Beforecare and Aftercare available. Additional rates apply. Off-site trips pending COVID-19 conditions.</i>		

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-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

<input type="checkbox"/> \$175 Weekly Payment Option	<input type="checkbox"/> \$990 Paid in Full Payment Option
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Additional Before Care and After Care Rates

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

<input type="checkbox"/> Before Care	5 days* \$42 weekly	<input type="checkbox"/> After Care	5 days* \$53 weekly
7:00-8:30am		3:30-6:00pm	

**All Day Camp \* Preschool thru Kindergarten**

**\$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 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 Before Care and/or After Care fees) debited on June 6, 2022. 50% balance of total tuition payment debited on July 5, 2022.

\_\_\_\_\_ **Weekly Payment Option** – All Day Camp tuition (including weekly Before Care and/or After Care fees) 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: \$ \_\_\_\_\_**

# Student Information Form

<b>2022 Summer Fun</b>	<u>Center Location:</u> Cherrywood      Country Acres      Northfield			<b>Class:</b> _____
	Name of Child			
	Home Address			
	Date of Birth			

G U A R D I A N S	Parent		Parent	
	Name		Name	
	Relationship		Relationship	
	Home Phone		Home Phone	
	Cell Phone		Cell Phone	
	Home Address		Home Address	
	Email Address		Email Address	

## Emergency Contact Information

***During school hours***, if the school needs to close early or if your child needs to be picked up due to illness, please provide two authorized caregivers that could arrive within 20 minutes of the call. These contacts must be **SOMEONE OTHER THAN PARENTS**.

Name of Contact #1		Name of Contact #2	
Telephone		Telephone	
Relationship		Relationship	

	Name of Person who is <b><u>UNAUTHORIZED</u></b> to pick up the Child: _____
	If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court orders.

**Please list any medical problems, allergies and/or medications your child is taking below:**

Medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**\*\*\*Additional forms are required to be completed by child's doctor for dispensing medication (per NJ Dept. of Licensing codes)\*\*\***

	<p><u>  </u> <b><i>I give my permission for my child, _____ to participate in walking trips within the center's neighborhood.</i></b></p> <p><u>  </u> <b><i>I do not give my permission for my child, _____ to participate in walking trips within the center's neighborhood.</i></b></p> <p>Parent Signature: _____ Date: _____</p>
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