



Partners in Learning, Inc.

2026 Summer Fun Program

Summer Fun onsite program open for Preschool thru Kindergarten* Students
**open to students entering 1st grade in the fall * Off-site and in-house trips as applicable.*

July 6 – August 14 | 6-Week Summer Session
Monday – Friday | 8:30 AM – 3:30 PM

BeforeCare and AfterCare hours offered based on availability (times subject to change). Additional rates apply.

Floating Away in a Magical Hot Air Balloon!

Each week, children travel in a magical hot air balloon to a new imaginary destination. Through hands-on activities, imaginative play, movement, and social interaction, children explore new worlds while building creativity, confidence, and friendships.

<p>Week 1: July 6-July 10 Floating Over Space</p> <p>Explore the sun, moon, stars, and planets through imaginative play and early science discovery.</p>	<p>Week 2: July 13-July 17 Soaring Over Dinosaur Domain</p> <p>Become paleontologists while digging for fossils, learning dinosaur sizes, and moving like favorite dinos.</p>
<p>Week 3: July 20-July 24 Drifting Over Fairy & Troll Garden</p> <p>Build fairy homes, create stories, and practice cooperative play in a magical garden.</p>	<p>Week 4: July 27-July 31 Floating Over the Jungle</p> <p>Discover jungle animals, habitats, sounds, and movement adventures.</p>
<p>Week 5: August 3-August 7 Soaring Over Pirate Island</p> <p>Read maps, follow clues, hunt for treasure, and build teamwork skills.</p>	<p>Week 6: August 10-August 14 Hovering Over the Ocean Blue</p> <p>Spot whales, dolphins, and fish before diving into imaginative and sensory ocean play.</p>

Program Highlights

Inclusive, play-based learning * Imaginative weekly themes
Social skill development & teamwork
Hands-on exploration & movement * Experienced, supportive staff

Enrollment Questions

Cherrywood: 856-566-1004 * Country Acres: 856-881-0400 * Northfield: 609-377-8337

Website: www.partnersinlearningnj.org

Partners in Learning, Inc.

2026 Inclusion Summer Fun Program (SFP)

July 6th – August 14th

Register Now! * Spots are limited!

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

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

Activity Fee (due upon registration): \$50 per child
Receive a Free Summer Fun T-Shirt with a FULL 6-WEEK SIGN-UP

Full Day SFP Hours 8:30 AM-3:30 PM
BeforeCare 7:00 AM-8:30 AM * AfterCare 3:30 PM-5:30 PM

*BeforeCare and AfterCare hours are subject to change
 *ABA medical benefits may apply
 *Additional fees may apply outside of ESY hours/times
 *Private Pay options and rates are available upon request

\$18 T-Shirt fee applies for less than 6-week sign-up (due upon registration)
Additional T-Shirts may be purchased * See attached order form
Additional fees may apply for guest appearances and events
Also includes our Virtual Summer Fun sessions if mandated closing should occur

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, BCBA/case manager 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: _____

We require 24-hour notice for canceled ABA sessions. Staffing is determined by your child's assigned schedule so please adhere to the times assigned. Late drop-offs and early pick-ups are not covered by insurance plans so additional fees may be billed.

For Office Use Only: Preschool PreK-3 PreK-4

**Partners in Learning, Inc. 2026
Summer Fun Program
July 6th – August 14th**

Additional 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	\$18 x QTY	\$ _____
_____	S	\$18 x QTY	\$ _____
_____	MED	\$18 x QTY	\$ _____
_____	LG	\$18 x QTY	\$ _____
_____	XL	\$18 x QTY	\$ _____

Adult T-Shirts:

QTY	Size	Cost	Total
_____	XS	\$18 x QTY	\$ _____
_____	SM	\$18 x QTY	\$ _____
_____	MED	\$18 x QTY	\$ _____
_____	LG	\$18 x QTY	\$ _____
_____	XL	\$18 x QTY	\$ _____
_____	2XL	\$18 x QTY	\$ _____

Total Amount: \$ _____



PARTNERS IN LEARNING, INC.

Where Children Learn & Grow Together Since 1999

Therapeutic Learning Center
Turnersville, NJ 08012
856-374-2821

Cherrywood Academy & Private
Preschool
Clementon, NJ 08021
856-566-1004

Country Acres Private Preschool
Williamstown, NJ 08094
856-881-0400

Partners in Learning Private
Preschool
Northfield, NJ 08225
609-377-8337

Child Learning History/Needs Questionnaire

Child's Name: _____

Date of Birth: _____

If you answer YES in any of the below sections, please include corresponding evaluations/documents

Does your child have previous school experience? **YES NO**

If yes, list name of school, length of enrollment, reason for leaving:

Does your child have/had an Individualized Family Service Plan (IFSP) **YES NO**

Does your child have/had an Individualized Educational Plan (IEP) **YES NO**

Does your child or has your child received any of the following services:

Developmental Intervention/home visits from a special educator **YES NO**

Speech-language therapy **YES NO**

Occupational therapy **YES NO**

Physical therapy **YES NO**

Other _____

When and how frequently does your child receive each service (if discontinued, give end date):

Developmental Intervention/home visits from special educator _____

Speech-language therapy _____

Occupational therapy _____

Physical therapy _____

Other _____

Where does/did your child receive these services?

Developmental Intervention/home visits from special educator _____

Speech-language therapy _____

Occupational therapy _____

Physical therapy _____

Other _____

Parent/Guardian Signature and Date: _____