

**PARTNERS IN LEARNING, INC.**  
**2025 Inclusion Summer Fun Program (SFP)**  
**July 1st – August 8th**

(program closed July 4th)

**Register Now \* 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 Students*</b> <small>*open to students entering 1<sup>st</sup> grade in the fall * Summer Fun Program Hours: 8:30am – 3:30pm M-F                  BeforeCare and AfterCare 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**

**Full Day SFP Hours 8:30 AM-3:30 PM**  
**BeforeCare 7:00 AM-8:30 AM \* AfterCare 3:30 PM-6:00 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

**\$17 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. 2025

## Summer Fun Program

July 1st – August 8th

(program closed June 30<sup>th</sup> & July 4th)

### 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	\$17 x _____	\$ _____
_____	S	\$17 x _____	\$ _____
_____	MED	\$17 x _____	\$ _____
_____	LG	\$17 x _____	\$ _____
_____	XL	\$17 x _____	\$ _____

#### Adult T-Shirts:

QTY	Size	Cost	Total
_____	XS	\$17 x _____	\$ _____
_____	SM	\$17 x _____	\$ _____
_____	MED	\$17 x _____	\$ _____
_____	LG	\$17 x _____	\$ _____
_____	XL	\$17 x _____	\$ _____
_____	2XL	\$17 x _____	\$ _____

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

## Student Information Form

<b>2025 Summer</b>	<i>Circle Desired Center:</i> <b>Cherrywood / Country Acres / PIL @ Northfield</b>	<b>Class:</b> _____
	Name of Child	
	Home Address	
	Date of Birth	

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

### 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 and 18 years of age or older.

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

Name of Person who is <b><i>UNAUTHORIZED</i></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.
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**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 licensing codes)\*\*\*

I DO / DO NOT (circle) give my permission for my child, _____ to participate in walking trips within the center's neighborhood. <b>Parent Signature:</b> _____ <b>Date:</b> _____
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I, DO / DO NOT (circle) give permission for Partners in Learning, Inc. to photograph and/or video tape my child _____. If giving permission, guardians are aware that their child's photographs/videos may be posted at PIL centers and also used for promotional purposes which may include but are not limited to holiday/thank you cards, pamphlets, brochures and/or posted on our Facebook page and/or on PIL's website at www.partnersinlearningnj.org. <b>Parent Signature:</b> _____ <b>Date:</b> _____
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