

PARTNERS IN LEARNING, INC. 2023 Summer Fun Program

July 5th – August 11th

(program closed July 3rd & 4th)

Sign up by May 1st and receive last year's rates! Registration fee due upon sign-up. 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* Campers *open to students entering 1 st 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

2022 Weekly Flat Rate – includes camp hours only: 8:30am to 3:30pm

\$175 Weekly Payment Option \$990 Paid in Full Payment Option

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**	\$42	5 days*	<input type="checkbox"/>	AfterCare**	\$53	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: \$_____

Student Information Form

2023 Summer Fun	<u>Center Location:</u> Cherrywood Country Acres Northfield	Class: _____
	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 UNAUTHORIZED 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> I give my permission for my child, _____ to participate in walking trips within the center's neighborhood.</p> <p><u> </u> I do not give my permission for my child, _____ to participate in walking trips within the center's neighborhood.</p> <p>Parent Signature: _____ Date: _____</p>
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