

**Country Acres Private Preschool**  
**A Partners in Learning, Inc. Program**  
 1880 Glassboro Road \* Williamstown, NJ 08094 \* (856) 881-0400

**2024/2025 Registration Form**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell#(s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

How did you hear about CAPP? \_\_\_\_\_

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

**Registration fee: \$75 for one child/\$125 for 2 or more children (due upon registration)**

**Please check all boxes accordingly, including BeforeCare and/or AfterCare, if desired**

**Weekly Flat Full Day Rate – 8:30 AM to 3:30 PM**

|  |                     |         |          |
|--|---------------------|---------|----------|
|  | <b>\$181 weekly</b> | 5 days* | Full day |
|--|---------------------|---------|----------|

**Weekly Flat BeforeCare and AfterCare Rates**

|  |                    |         |                            |  |                    |         |                           |
|--|--------------------|---------|----------------------------|--|--------------------|---------|---------------------------|
|  | <b>\$38 weekly</b> | 5 days* | BeforeCare<br>7:00-8:30 AM |  | <b>\$58 weekly</b> | 5 days* | AfterCare<br>3:30-6:00 PM |
|--|--------------------|---------|----------------------------|--|--------------------|---------|---------------------------|

*Posted schedule and rates apply during current NJ Dept of Children and Families applicable regulations.*

*We will do our best to notify you if/when conditions require changes from this current schedule.*

No refunds or credits will be issued unless authorized by the Executive Director. 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.

\*no part time schedules being accepted at the current time

**All payments will be deducted WEEKLY via ACH from the bank account on file, every Monday for that week's tuition. (or next business day in the event Monday is a banking holiday)**

**Daily Start and End Times:**

*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*

| <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |
|---------------|----------------|------------------|-----------------|---------------|
| Start: _____  | Start: _____   | Start: _____     | Start: _____    | Start: _____  |
| End: _____    | End: _____     | End: _____       | End: _____      | End: _____    |

**Additional rates apply for June 2025 daycare days, 2025 Summer Fun Program and August 2025 daycare days**

## TUITION PAYMENT OPTIONS / DIRECT PAYMENT AUTHORIZATION

I authorize Partners in Learning, Inc. (PIL) to initiate electronic debit entries to my:

(check one)     Checking Account\*                       Savings Account

for payment of tuition for \_\_\_\_\_ at Country Acres Private Preschool.

I authorize PIL to initiate ACH debits from the bank account provided below for all tuition payments, including registration fees.

I understand that the deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 9/2/24 through the end of the 2024/2025 school year, as long as my child is enrolled.

In order to hold a classroom spot, payments will be deducted weekly regardless of absences, vacations, 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 withdrawal, a \$10 late fee will apply per occurrence. This amount 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.

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 cancelled 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 withdrawal, a \$10 late fee will apply 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 of the change in advance before the withdrawal is processed.

**Name of Child:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name/Email address:** \_\_\_\_\_

NAME(S) ON BANK ACCOUNT \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*for checking accounts, please attach a voided check – if voided check is not attached, upon initial setup of your account please note that we may make a small (few cents) deposit to your account to verify the accuracy of the bank account information before the initial debit of tuition from your account.**

# Country Acres Private Preschool

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1880 Glassboro Road \* Williamstown, NJ 08094 \* (856) 881-0400

## 24/25 SY Tuition Regulations Disclosure

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Initial  
each line*

\_\_\_\_\_ I understand my child's total tuition is based on a yearly cost broken down into weekly payments starting on September 2nd. As a result, I am required to make payment every week as long as my child is enrolled, regardless of absences, vacations, school holidays, Inservice days, weather-related closings, COVID-19 related closings, etc.

\_\_\_\_\_ I understand that my child's tuition payments will be **ACH debited** from the bank account provided starting on September 2, 2024, and every Monday thereafter that my child is enrolled (or the following business day if Monday is a banking holiday) through the end of the 2024/2025 school year. Registration fees will be deducted upon my child's registration submission.

\_\_\_\_\_ I understand that if funds are not available at the scheduled time of withdraw, a \$10 late fee will apply per occurrence. This amount will be charged to my account and added to my next regularly scheduled tuition payment.

\_\_\_\_\_ I understand that if funds are not available at the time of withdrawal, and my account is delinquent for more than one week, I may be asked to withdrawal my child until my account is brought up to date. PIL cannot guarantee a child's spot on the roster if the child is withdrawn due to non-payment of tuition.

\_\_\_\_\_ I understand that if I have more than one child attending from my immediate family, I will receive a 10% discount on the lowest tuition amount of the second child.

\_\_\_\_\_ 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. Partners in Learning, Inc. will notify me, whenever possible, at least 10 days in advance of any change.

\_\_\_\_\_ I understand that no deductions can be made for absences due to illness, vacations or school closures. Deductions for school holidays/vacations/daycare during the school year have been incorporated into the weekly fees.

\_\_\_\_\_ I understand that if I withdraw my child from the program, I must give at least 2-weeks written notice. If I withdraw my child without notice or with less than a 2-week notice, I will be charged my regular tuition amount for that 2-week period.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 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: \_\_\_\_\_



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Dear Parents and Guardians:

This letter is to inform you about our parent fundraising requirement for families attending a Partners in Learning program. As you may already be aware, our licensed childcare centers and programs are operated by Partners in Learning, Inc., a non-profit 501C3 organization. Each year, the fundraisers that we hold and/or participate in help reduce the cost of educating each child, as well as allow us to continue to make improvements. We encourage everyone to participate in the variety of events we organize, as well as help us expand our efforts with any new fundraiser ideas you may have.

Our main event is held every April to celebrate Autism Awareness Month. To achieve our goals, each parent/guardian has a required fundraising contribution of 2 general admission tickets to this event or 1 ticket for our VIP ticket level. You may use these tickets for your own attendance or re-gift them to others. We, of course, hope you will help us sell additional tickets to make this event a truly fun and successful evening.

**Please review the attached form, for only one form is required PER family, even if you have multiple children attending our centers. Complete and sign the attached form and submit it back to your child's teacher by your child's first day of school. Deductions for this parent requirement contribution will occur on November 1, 2024.**

All funds received will go directly toward meeting this year's fundraising goals: Child Sponsorship and Technology Fund. Previous years' goals have allowed us to not only provide scholarships and keep our regular education rates among the lowest in the area, but also to be able to purchase smartboards and iPads for our centers, and new playground equipment at both CAPP and CWA to enrich your children's learning experience at our schools.

Partners in Learning truly appreciates your contribution to our program. If you have any questions regarding participation in our fundraising activities, please feel free to speak with each center's On-Site Director or contact the business office @ 856-374-2821.

Thanks again for your support!

Sincerely,

*Kelley L. Dinardo*

Kelley L. Dinardo

*Partners in Learning, Inc.*

**Partners in Learning Parent Fundraising Requirement Selection Form**

Please circle School: CAPP CWA TLC TLZ

Child's Name(s): \_\_\_\_\_ Parent's Names: \_\_\_\_\_

**Fundraiser Obligation Per Family**

**Complete and sign this form and submit it back to your child's teacher by your child's first day of school.**

**Annual Event: *Come join us for a fun night out at our 18<sup>th</sup> Annual Fundraiser held in April of 2025 (date and location to be announced).***

**Option #1: General Admission**

**Purchase 2 General Admission (GA) tickets at a cost of \$65 per person; total of \$130.** General Admission includes entrance to the event. More exciting details to be announced later this year!

**Option #2: VIP Admission**

**Purchase 1 VIP ticket at a cost of \$125 per person.** VIP Admission includes early entrance to our event *plus* General Admission. More exciting details to be announced later this year!

**Please note: No physical tickets will be issued. You may attend the event or re-gift your tickets, however, you must submit the names of those attending on this selection form to be placed on our guest list. Additional tickets for friends and family can also be purchased through your child's school or on our website later this year at [www.partnersinlearningnj.org](http://www.partnersinlearningnj.org). All tickets are non-refundable.**

| <b>Annual Fundraiser Options</b>                                 | <b>Date of Event</b> | <b>Qty</b>    | <b>Cost per Ticket</b> | <b>Total Cost</b> | <b>Ticket Deduction Date</b> |
|--|----------------------|---------------|------------------------|-------------------|------------------------------|
| <b>Option #1</b><br>General Admission<br><b>2 Ticket Minimum</b> | TBD                  | #____ Tickets | \$65 per ticket        | \$_____           | 11/1/24                      |
| <b>Option #2</b><br>VIP Admission<br><b>1 Ticket Minimum</b>     | TBD                  | #____ Tickets | \$125 per ticket       | \$_____           | 11/1/24                      |

**Family Total Selection Contribution Amount \$\_\_\_\_\_**

In the event that you do not fulfill your fundraising obligation per your selection(s) above, the dollar equivalent of your remaining fundraising requirement will be due and processed via an ACH withdrawal on 4/4/2025.

**I give my permission to process an ACH withdrawal from the bank account on file in the corresponding amount chosen above, and/or any balance due in the event I do not fulfill my fundraising requirement.**

**If PIL does not have a bank account on file, please submit your Parent Fundraiser payment by November 1, 2024. This can be made via check payable to Partners in Learning or through PIL's website later this year: [www.partnersinlearningnj.org](http://www.partnersinlearningnj.org).**

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_