Partners in Learning Private Preschool at Northfield A Partners in Learning, Inc. Program

408 New Road * Northfield, NJ 08225 609-377-8337

2023/2024 BeforeCare and AfterCare Registration Form

| | Birthdate: |
|--------------------|--|
| ome Address: | |
| | Cell#(s): |
| mail address(s): _ | |
| ow did you hear a | bout PIL@N? |
| D - C | -C 1 7-00 AM 0-40 AM - AG 1 2-40 DM C-00 DM |
| | eCare hours 7:00 AM-8:40 AM - AfterCare hours 2:40 PM-6:00 PM bject to change based upon COVID-19 conditions or other factors |
| | |
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2023 Weekly Flat BeforeCare and AfterCare Rates

| \$35 | 5 days | Before Care | \$67 | 5 days | After Care |
|------|--------|-------------|------|--------|------------|
| \$33 | 4 days | Before Care | \$63 | 4 days | After Care |
| \$29 | 3 days | Before Care | \$59 | 3 days | After Care |

Daily Start and End Times:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| Start: | Start: | Start: | Start: | Start: |
| End: | End: | End: | End: | End: |

If attending less than 5 days/week, please circle the days your child will be enrolled

| MON (BC/AC) TUES (BC/AC) | WED (BC/AC) | THURS (BC/AC) | FRI (BC/AC) |
|--------------------------|-------------|---------------|-------------|
|--------------------------|-------------|---------------|-------------|

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.

All payments will now 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)

Additional rates apply for 23/24 SY daycare days, Summer Fun Program beginning July 2024 and August 2024 daycare days

TUITION PAYMENT OPTIONS / DIRECT PAYMENT AUTHORIZATION

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

| SIGNATUREDATE | | | | |
|--|--|--|--|--|
| FINANCIAL INSTITUTION CITY AND STATE | | | | |
| ACCOUNT NUMBER AT FINANCIAL INSTITUTION | | | | |
| FINANCIAL INSTITUTION ROUTING NUMBER | | | | |
| FINANCIAL INSTITUTION NAME (PLEASE PRINT) | | | | |
| NAME(S) ON BANK ACCOUNT | | | | |
| Print Name/Email address: | | | | |
| Parent Signature: Date: | | | | |
| Name of Child: | | | | |
| 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. | | | | |
| 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 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 agree to notify PIL immediately regarding any change to my bank account information. | | | | |
| 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. | | | | |
| 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. | | | | |
| 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. | | | | |
| I understand that the deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 9/5/23 through the end of the 2023/2024 school year, as long as my child is enrolled. | | | | |
| I authorize PIL to initiate ACH debits from the bank account provided below for all tuition payments, including registration fees | | | | |
| for payment of tuition for at Partners in Learning at Northfield. | | | | |
| (check one) Checking Account* Savings Account | | | | |

*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) <u>deposit</u> to your account to verify the accuracy of the bank account information before the initial debit of tuition from your account.

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23/24 SY Tuition Regulations Disclosure*

| Child's Name: | Date: | | | |
|---|---|--|--|--|
| Initial each line | | | | |
| I understand my child's total tuition is base starting on September 5 th . As a result, I am | d on a yearly cost broken down into weekly payments required to make payment every week as long as losures for holidays, InService days, weather-related | | | |
| starting on September 5, 2023, and every M | nts will be ACH debited from the bank account provided fonday thereafter that my child is enrolled (or the following y) through the end of the 2023/2024 school year. child's first tuition payment. | | | |
| | at the scheduled time of withdraw, a \$10 late fee I be charged to my account and added to my next | | | |
| more than one week, I may be asked to with | at the time of withdrawal, and my account is delinquent for hdrawal my child until my account is brought up to date. Foster if the child is withdrawn due to non-payment of | | | |
| I understand that if I have more than one ch 10% discount on the lowest tuition amount | nild attending from my immediate family, I will receive a of the second child. | | | |
| scheduled withdrawal amount will change t | anges resulting in a revised tuition amount, my to reflect the change in tuition. Partners possible, at least 10 days in advance of any change. | | | |
| | e for absences due to illness, vacations or school acations/daycare during the school year have been | | | |
| | om the program, I must give at least 2-weeks out notice or with less than 2-weeks notice, t for that 2-week period. | | | |
| Parent Signature: | Date: | | | |

^{*} subject to change due to COVID-19 pandemic conditions