

PARTNERS IN LEARNING, INC.
2023 Inclusion Summer Fun Program
July 5th – August 11th
(program closed July 3rd & 4th)

Spots are limited . . . please register by May 1st to ensure your child's place in our program!

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 <i>*open to students entering 1st grade in the fall * Camp Hours: 8:30am – 3:30pm M-F</i> <i>BeforeCare and AfterCare available (times subject to change). Additional fees may apply outside of ESY hours/times.</i> <i>Off-site trips pending COVID-19 conditions.</i>		

<i>Select Desired Location</i>	<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

Free Camp T-Shirt with FULL 6 Week Summer Sign-up!

Full Day Class 8:30 AM-3:30 PM BeforeCare 7:00 AM-8:30 AM * AfterCare 3:30 PM-6:00 PM <i>*BeforeCare and AfterCare hours are subject to change</i> <i>*ABA medical benefits may apply</i> <i>*Additional fees may apply outside of ESY hours/times</i> \$15 T-Shirt fee applies for less than full 6-week sign-up Additional T-Shirts may be purchased * See attached order form Additional fees may apply for virtual guest appearances and activities Also includes our Virtual Camp sessions if mandated closing should occur <small>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.</small>
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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 Kindergarten

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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 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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