



# Partners in Learning, Inc.

## 2026 Summer Fun Program

**Summer Fun onsite program open for Preschool thru Kindergarten\* Students**  
*\*open to students entering 1<sup>st</sup> grade in the fall \* Off-site and in-house trips as applicable.*

**July 6 – August 14 | 6-Week Summer Session**  
**Monday – Friday | 8:30 AM – 3:30 PM**

BeforeCare and AfterCare hours offered based on availability (times subject to change). Additional rates apply.

### ***Floating Away in a Magical Hot Air Balloon!***

Each week, children travel in a magical hot air balloon to a new imaginary destination. Through hands-on activities, imaginative play, movement, and social interaction, children explore new worlds while building creativity, confidence, and friendships.

<p><b>Week 1: July 6-July 10</b> <b>Floating Over Space</b></p> <p>Explore the sun, moon, stars, and planets through imaginative play and early science discovery.</p>	<p><b>Week 2: July 13-July 17</b> <b>Soaring Over Dinosaur Domain</b></p> <p>Become paleontologists while digging for fossils, learning dinosaur sizes, and moving like favorite dinos.</p>
<p><b>Week 3: July 20-July 24</b> <b>Drifting Over Fairy &amp; Troll Garden</b></p> <p>Build fairy homes, create stories, and practice cooperative play in a magical garden.</p>	<p><b>Week 4: July 27-July 31</b> <b>Floating Over the Jungle</b></p> <p>Discover jungle animals, habitats, sounds, and movement adventures.</p>
<p><b>Week 5: August 3-August 7</b> <b>Soaring Over Pirate Island</b></p> <p>Read maps, follow clues, hunt for treasure, and build teamwork skills.</p>	<p><b>Week 6: August 10-August 14</b> <b>Hovering Over the Ocean Blue</b></p> <p>Spot whales, dolphins, and fish before diving into imaginative and sensory ocean play.</p>

### **Program Highlights**

**Inclusive, play-based learning \* Imaginative weekly themes**  
**Social skill development & teamwork**  
**Hands-on exploration & movement \* Experienced, supportive staff**

### **Enrollment Questions**

Cherrywood: 856-566-1004 \* Country Acres: 856-881-0400 \* Northfield: 609-377-8337

Website: [www.partnersinlearningnj.org](http://www.partnersinlearningnj.org)

# Partners in Learning, Inc. 2026 Summer Fun Program (SFP)

## July 6th – August 14th

**Register Now! \* Spots are limited!**

<p><b>Cherrywood Academy</b> 8 Cherrywood Drive * Clementon 856-566-1004</p>	<p><b>PIL at Northfield</b> 408 New Road * Northfield 609-377-8337</p>	<p><b>Country Acres</b> 1880 Glassboro Road * Williamstown 856-881-0400</p>
<p><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 hours available (times subject to change). Additional rates apply. Off-site and in-house trips as applicable.</small></p>		

<i>Select Desired Location</i>	<input type="checkbox"/> Cherrywood Academy	<i>MONDAY through FRIDAY</i>
	<input type="checkbox"/> Country Acres	<i>MONDAY through FRIDAY</i>
	<input type="checkbox"/> Northfield	<i>MONDAY through FRIDAY</i>

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**  
**Receive a Free Summer Fun T-Shirt with a FULL 6-WEEK SIGN-UP**

**Weekly Flat Rate – includes SFP hours only: 8:30am to 3:30pm**

<input type="checkbox"/> \$215 Weekly Payment	<input type="checkbox"/> \$1215 Paid in Full Payment
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**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"/> <b>BeforeCare*</b> 7:00-8:30am    \$53 weekly    5 days	<input type="checkbox"/> <b>AfterCare*</b> 3:30-5:30pm    \$64 weekly    5 days
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\*BeforeCare and AfterCare hours are subject to change

**\$18 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*

Tuition also includes our Virtual Summer Fun sessions if mandated closing should occur. 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**

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 Group:**

<input type="checkbox"/> Preschool	<input type="checkbox"/> PreK-3	<input type="checkbox"/> PreK-4
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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 \_\_\_\_\_.

X **Registration Fee and Tshirt fees** (if applicable) due upon registration and will be debited on the Monday following receipt of forms.

\_\_\_\_\_ **Pay in Full Option** – First 50% of total tuition (including 50% of total BeforeCare and/or AfterCare fees) debited on June 8, 2026. 50% balance of total tuition payment (including remainder of total BeforeCare and/or AfterCare fees) debited on June 29, 2026.

\_\_\_\_\_ **Weekly Payment Option** – Summer Fun weekly flat rate tuition (including weekly flat 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 registration fees, t-shirt fees and tuition payments.

I understand that the weekly tuition payment option deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 7/6/26 through 8/10/26, 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. Changes may take up to 1 week for processing.

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 me 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.**

**Partners in Learning, Inc. 2026  
Summer Fun Program  
July 6th – August 14th**

**Additional 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	\$18 x QTY	\$ _____
_____	S	\$18 x QTY	\$ _____
_____	MED	\$18 x QTY	\$ _____
_____	LG	\$18 x QTY	\$ _____
_____	XL	\$18 x QTY	\$ _____

**Adult T-Shirts:**

QTY	Size	Cost	Total
_____	XS	\$18 x QTY	\$ _____
_____	SM	\$18 x QTY	\$ _____
_____	MED	\$18 x QTY	\$ _____
_____	LG	\$18 x QTY	\$ _____
_____	XL	\$18 x QTY	\$ _____
_____	2XL	\$18 x QTY	\$ _____

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

## Student Information Form

<b>2026 Summer</b>	<i>Circle Desired Center: Cherrywood / Country Acres / PIL @ Northfield</i>	<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><u>UNAUTHORIZED</u></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.

**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> _____

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 <a href="http://www.partnersinlearningnj.org">www.partnersinlearningnj.org</a> .
<b>Parent Signature:</b> _____ <b>Date:</b> _____



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