

PARTNERS IN LEARNING, INC.
2020 VIRTUAL Summer Fun Carnival Program
July 6th – August 14th

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
Virtual Summer Fun open for Preschool thru Elementary Campers		

Circle Desired T-shirt size

CHILD'S NAME: _____ *Youth T-Shirt size: XS-2/4 S-6/8 M-10/12 L-14/16 XL-18/20*

PARENTS: _____

PHONE: _____ **CELL:** _____ **AGE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

→ **PLEASE CIRCLE EACH DESIRED CAMP WEEK(s):** 1 2 3 4 5 6

Please circle center choice for special camp pack pick-up: Cherrywood / Country Acres / Northfield

Special camp pack pick-up is Friday week prior from 11am-1pm. Note: Week 1 pick-up will be on July 2 11am-1pm due to holiday observance on July 3rd

Special camp pack on-site pick ups for each week's supplies and treats!

Free camp t-shirt with FULL Summer Sign-up!

\$15 t-shirt fee for less than 6 week sign-up

Additional t-shirts can be purchased. See attached order form.

<p align="center">_____ Virtual Camp Preschool thru Kindergarten</p> <p>\$20 per week OR \$100 for full camp sign up \$10 per individual summer fun teacher time session</p> <p align="center">9:30-10:00am (Large Group) 11:30-12:00pm (Small Group Breakouts)</p> <p>Discounted price of \$100 must be paid in full by July 6</p>	<p align="center">_____ Virtual Camp Elementary</p> <p>\$20 per week OR \$100 for full camp sign up \$10 per individual summer fun teacher time session</p> <p align="center">9:00-10:00am Session 1 11:00-12:00pm Session 2</p> <p>Discounted price of \$100 must be paid in full by July 6</p>
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_____ I am interested in additional individual teacher time sessions.

15 minute 1:1 appointment with your teacher! Additional \$10 fee per session applies.

Requested Daily Availability Start and End Times:

PLEASE CIRCLE EACH DESIRED CAMP WEEK(s): 1 2 3 4 5 6

Monday	Tuesday	Wednesday	Thursday	Friday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____

We require 24-hour notice for canceled 1:1 sessions. Staffing is determined by your child's assigned schedule so please adhere to the times assigned.

**FAX COMPLETED REGISTRATION AND DIRECT PAYMENT AUTHORIZATION
 TO 856-374-4060 OR EMAIL TO KLDPARTNERS@VERIZON.NET**

For Office Use Only: Assigned Class:

Preschool
 PreK
 Kindergarten
 Elementary

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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: _____

Children T-Shirts:

QTY	Size	Cost	Total
_____	2/4	\$15 x _____	\$_____
_____	6/8	\$15 x _____	\$_____
_____	10/12	\$15 x _____	\$_____
_____	14/16	\$15 x _____	\$_____
_____	18/20	\$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: \$_____

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 _____.

Please choose from the following options:

_____ **Virtual Camp FULL Camp Sign UP** – Full Camp tuition of \$100, additional afternoon individual summer fun teacher time sessions (if applicable) and cost of additional tshirt (if applicable) to be debited on July 6.

_____ **Virtual Camp Weekly Camp Sign UP** – Weekly Camp tuition and additional afternoon individual summer fun teacher time sessions (if applicable) debited on the Monday of each week of enrollment (\$10 processing fee and cost of tshirt(s) to be added to first direct payment).

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.**