

Cherrywood Academy and Private Preschool

A Partners in Learning, Inc. Program

8 Cherrywood Drive * Clementon, NJ 08021 * (856) 566-1004

2022/2023 Registration Form

Child's Name: _____ Birthdate: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____ Cell#(s): _____

Email address(s): _____

How did you hear about CWA? _____

Full Day Class 8:30 AM-3:30 PM

BeforeCare 7:00 AM-8:30 AM * AfterCare 3:30 PM-6:00 PM

Hours subject to change based upon COVID-19 conditions or other factors

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

Full Day Rate – 8:30 AM to 3:30 PM

	\$161 weekly	5 days*	Full day
--	---------------------	----------------	-----------------

BeforeCare and AfterCare Rates

\$33 weekly	5 days*	BeforeCare 7:00-8:30 AM	\$51 weekly	5 days*	AfterCare 3:30-6:00 PM
--------------------	----------------	------------------------------------	--------------------	----------------	-----------------------------------

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.

***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:

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

Additional rates apply for June 2023 daycare days, 2023 Summer Fun Program and August 2023 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 Cherrywood Academy and Private Preschool.

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

I understand that the deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 9/6/22 through the end of the 2022/2023 school year, 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.

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.

Name of Child: _____

Parent Signature: _____ **Date:** _____

Print Name/Email address: _____

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 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 of the change in advance before the withdrawal is processed.

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.

Cherrywood Academy and Private Preschool

A Partners in Learning, Inc. Program

*8 Cherrywood Drive * Clementon, NJ 08021 * (856) 566-1004*

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 6th. As a result, I am required to make payment every week as long as my child is enrolled, regardless of school closures for holidays, InService days, weather-related or COVID closings, etc.

_____ I understand that my child's tuition payments will be **ACH debited** from the bank account provided starting on September 6, 2022, 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 2022/2023 school year.

_____ 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 (an amount charged to PIL from our bank). These amounts 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 withdraw my child until my account is brought up to date. PIL can not 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 2-weeks notice, I will be charged my regular tuition amount for that 2-week period.

Parent Signature: _____ **Date:** _____

** Subject to change due to COVID-19 pandemic conditions*