

**Cherrywood Academy and Private Preschool**  
**A Partners in Learning, Inc. Program**  
 8 Cherrywood Drive \* Clementon, NJ 08021 \* (856) 566-1004

**Inclusion Support Program**  
**Child Registration Form**  
**2024/2025 School Year**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #(s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

How did you hear about CWA? \_\_\_\_\_

**Full Day Group 8:30 AM-3:30 PM**  
**BeforeCare 7:00 AM-8:30 AM \* AfterCare 3:30 PM-6:00 PM**

*Posted schedules apply during current NJ Dept of Children and Families applicable regulations.*

We will do our best to notify you if/when conditions require changes from this current schedule.

*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*

YES / NO My child is attending via ABA covered medical benefits

YES / NO My child's services are NOT covered by medical benefits, & I am requesting Inclusion Support Rate information

YES / NO My child's services are provided by my school district except for childcare/daycare

**Daily Start and End Times:**

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

\*Additional fees may apply. 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: Assigned Group:**

Preschool   
  PreK   
  Trans Kind



**PARTNERS IN LEARNING, INC.**

*Where Children Learn & Grow Together Since 1999*

# **Child Learning History/Needs Questionnaire**

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'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:** \_\_\_\_\_



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Dear Parents and Guardians:

This letter is to inform you about our parent fundraising requirement for families attending a Partners in Learning program. As you may already be aware, our licensed childcare centers and programs are operated by Partners in Learning, Inc., a non-profit 501C3 organization. Each year, the fundraisers that we hold and/or participate in help reduce the cost of educating each child, as well as allow us to continue to make improvements. We encourage everyone to participate in the variety of events we organize, as well as help us expand our efforts with any new fundraiser ideas you may have.

Our main event is held every April to celebrate Autism Awareness Month. To achieve our goals, each parent/guardian has a required fundraising contribution of 2 general admission tickets to this event or 1 ticket for our VIP ticket level. You may use these tickets for your own attendance or re-gift them to others. We, of course, hope you will help us sell additional tickets to make this event a truly fun and successful evening.

**Please review the attached form, for only one form is required PER family, even if you have multiple children attending our centers. Complete and sign the attached form and submit it back to your child's teacher by your child's first day of school. Deductions for this parent requirement contribution will occur on November 1, 2024.**

All funds received will go directly toward meeting this year's fundraising goals: Child Sponsorship and Technology Fund. Previous years' goals have allowed us to not only provide scholarships and keep our regular education rates among the lowest in the area, but also to be able to purchase smartboards and iPads for our centers, and new playground equipment at both CAPP and CWA to enrich your children's learning experience at our schools.

Partners in Learning truly appreciates your contribution to our program. If you have any questions regarding participation in our fundraising activities, please feel free to speak with each center's On-Site Director or contact the business office @ 856-374-2821.

Thanks again for your support!

Sincerely,

*Kelley L. Dinardo*

Kelley L. Dinardo

*Partners in Learning, Inc.*

**Partners in Learning Parent Fundraising Requirement Selection Form**

Please circle School: CAPP CWA TLC TLZ

Child's Name(s): \_\_\_\_\_ Parent's Names: \_\_\_\_\_

**Fundraiser Obligation Per Family**

**Complete and sign this form and submit it back to your child's teacher by your child's first day of school.**

**Annual Event: *Come join us for a fun night out at our 18<sup>th</sup> Annual Fundraiser held in April of 2025 (date and location to be announced).***

**Option #1: General Admission**

**Purchase 2 General Admission (GA) tickets at a cost of \$65 per person; total of \$130.** General Admission includes entrance to the event. More exciting details to be announced later this year!

**Option #2: VIP Admission**

**Purchase 1 VIP ticket at a cost of \$125 per person.** VIP Admission includes early entrance to our event *plus* General Admission. More exciting details to be announced later this year!

**Please note: No physical tickets will be issued. You may attend the event or re-gift your tickets, however, you must submit the names of those attending on this selection form to be placed on our guest list. Additional tickets for friends and family can also be purchased through your child's school or on our website later this year at [www.partnersinlearningnj.org](http://www.partnersinlearningnj.org). All tickets are non-refundable.**

<b>Annual Fundraiser Options</b>	<b>Date of Event</b>	<b>Qty</b>	<b>Cost per Ticket</b>	<b>Total Cost</b>	<b>Ticket Deduction Date</b>
<b>Option #1</b> General Admission <b>2 Ticket Minimum</b>	TBD	# _____ Tickets	\$65 per ticket	\$ _____	11/1/24
<b>Option #2</b> VIP Admission <b>1 Ticket Minimum</b>	TBD	# _____ Tickets	\$125 per ticket	\$ _____	11/1/24

**Family Total Selection Contribution Amount \$ \_\_\_\_\_**

In the event that you do not fulfill your fundraising obligation per your selection(s) above, the dollar equivalent of your remaining fundraising requirement will be due and processed via an ACH withdrawal on 4/4/2025.

**I give my permission to process an ACH withdrawal from the bank account on file in the corresponding amount chosen above, and/or any balance due in the event I do not fulfill my fundraising requirement.**

**If PIL does not have a bank account on file, please submit your Parent Fundraiser payment by November 1, 2024. This can be made via check payable to Partners in Learning or through PIL's website later this year: [www.partnersinlearningnj.org](http://www.partnersinlearningnj.org).**

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_