

Limited Group Size!

PARTNERS IN LEARNING, INC.

**Summer Fun Around the World!
2021 Summer Fun Program - ONSITE
July 6th – August 13th**



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 open for Preschool thru Kindergarten* Campers

**students entering 1st grade in the fall * Center Operating Hours: 7am - 6pm M-F*

Select
Desired
Location

Cherrywood Academy

MONDAY through FRIDAY

Country Acres

MONDAY through FRIDAY

Northfield

MONDAY through FRIDAY

Circle Desired Youth T-Shirt Size

CHILD'S NAME: _____ 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

Registration fee (due upon registration): \$50 for single child/\$75 for 2 or more children attending
SPECIAL with FULL 6 WEEK SIGN-UP: 50% Registration Discount & Free Camp T-Shirt

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

\$175 Weekly Payment Option \$990 Paid in Full Payment Option

Additional Before Care and After Care Rates

Before Care 7:00-8:30am 5 days* \$42 weekly After Care 3:30-6:00pm 5 days* \$53 weekly

All Day Camp * Preschool thru Kindergarten

\$15 T-Shirt fee applies for less than full 6 week sign-up (due upon registration)

Additional T-Shirts may be purchased * See attached order form

Additional fees may apply for virtual guest appearances and activities

Tuition also includes our Virtual Camp sessions if mandated closing should occur

No refunds or credits will be issued unless authorized by the Executive Director

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**

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 Class:

Preschool

PreK

Kindergarten

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 _____.

_____ **Pay in Full Option** – First 50% of total tuition (including entire Before Care and/or After Care fees) debited on June 7, 2021. 50% balance of total tuition payment debited on July 6, 2021.

_____ **Weekly Payment Option** – All Day Camp tuition (including weekly Before Care and/or After Care fees) debited in weekly payments on the Monday of each week of enrollment (\$10 processing fee to be added to first direct payment).

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 7/6/21 through 8/9/21, 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.

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.**

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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
_____	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: \$_____

Student Information Form

2021 Summer Fun	<u>Center Location:</u>			Class: _____
	Cherrywood	Country Acres	Northfield	
	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 NJ Dept. of Licensing codes)****

	<p><input type="checkbox"/> I give my permission for my child, _____ to participate in walking trips within the center's neighborhood.</p> <p><input type="checkbox"/> 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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