Partners in Learning Private Preschool at Northfield

A Partners in Learning, Inc. Program 408 New Road \* Northfield, NJ 08225 609-377-8337

#### <u>Inclusion Support Program</u> <u>Child Registration Form</u> 2024/2025 School Year

Child's Name:	Birthdate:
Parent's Name:	
Home Phone:	_ <i>Cell</i> #(s):
Email address(s):	
How did you hear about PIL@NF?	

### Full Day Group: 9:00 AM-4:00 PM Half Day Group: 9:00 AM-12:00 PM or 1:00 PM-4:00 PM BeforeCare\* 7:00 AM-9:00 AM AfterCare\* 4:00 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
BeforeCare	AfterCare





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:				
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 discontinue	d, give en	d date):		
Developmental Intervention/home visits from special educator	•			
Speech–language therapy				
Occupational therapy				
Physical therapy				
Other				
Where does/did your child receive these services?				
Where does/did your child receive these services? Developmental Intervention/home visits from special educator				
Developmental Intervention/home visits from special educator				
Developmental Intervention/home visits from special educator Speech–language therapy				
Developmental Intervention/home visits from special educator				