

Partners in Learning Private Preschool at Northfield

A Partners in Learning, Inc. Program

408 New Road * Northfield, NJ 08225

609-377-8337

2024/2025 BeforeCare and AfterCare Registration Form

Child's Name: _____ Birthdate: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____ Cell#(s): _____

Email address(s): _____

How did you hear about PIL@N? _____

BeforeCare hours 7:00 AM-8:40 AM - AfterCare hours 2:40 PM-6:00 PM

Registration Fee \$50 – will be deducted with 1st payment

Please check all boxes accordingly:

Weekly Flat BeforeCare and AfterCare Rates

\$38	5 days	Before Care	\$72	5 days	After Care
\$36	4 days	Before Care	\$68	4 days	After Care
\$31	3 days	Before Care	\$63	3 days	After Care

Posted schedule and rates 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.

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

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)

Additional rates apply for 24/25 SY daycare days, June 2025 daycare days, 2025 Summer Fun Program and August 2025 daycare days

Daily Start and End Times:

*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*

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

Full Day Classes 8:40 AM-2:40 PM

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 Partners in Learning at Northfield.

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

I understand that the deduction will be taken every Monday, (or the next business day in the event Monday is a banking holiday), beginning 9/2/24 through the end of the 2024/2025 school year, as long as my child is enrolled.

In order to hold a BC/AC spot, payments will be deducted weekly regardless of absences, vacations, 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 withdrawal, a \$10 late fee will apply per occurrence. This amount 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.

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 withdrawal, a \$10 late fee will apply 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 of Child: _____

Parent Signature: _____ Date: _____

Print Name/Email address: _____

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.**

Partners in Learning Private Preschool @ Northfield

A Partners in Learning, Inc. Program

408 New Road
Northfield, NJ 08225
609-377-8337

24/25 SY 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 2nd. As a result, I am required to make payment every week as long as my child is enrolled, regardless of absences, vacations, school holidays, Inservice days, weather-related closings, COVID-19 related closings, etc.

_____ I understand that my child's tuition payments will be **ACH debited** from the bank account provided starting on September 2, 2024, 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 2024/2025 school year. Registration fees will be deducted upon my child's registration submission.

_____ I understand that if funds are not available at the scheduled time of withdraw, a \$10 late fee will apply per occurrence. This amount 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 withdrawal my child until my account is brought up to date. PIL cannot 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 a 2-week notice, I will be charged my regular tuition amount for that 2-week period.

Parent Signature: _____ Date: _____