2026 Summer ACCELERATION Program
And Summer "Before and After" CARE Program

Information and Enrollment

The Summer Acceleration (No cost program) and CARE (**Tuition based program**) Enrollment Forms **MUST** be completed and turned in by **April 24**th, 2026. *Enrollment will be limited for BOTH programs.* **Enrollment forms can be emailed to jcroce@bellmawrschools.org or mailed to Bell Oaks School, C/O Jamie Croce 256 Anderson Avenue Bellmawr NJ 08031**. If you have any questions about the Acceleration Camp, please contact the Director of Mathematics, Michelle Delaney (856)931-3620 ext. 1325). For Before and After CARE questions please contact Jamie Croce (856) 931-6273 Ext.1399.

Summer CARE Dates:		**Summer ACCELERATION Dates:**	
June 22nd – June 26th		June 29th – July 2nd	
June 29th – July 2nd	**CLOSED July 3rd**	July 6th – July 9th	
July 6th– July 10th		July 13th – July 16th	
July 13th– July 16th	**CLOSED July 17th**	July 20th – July 23rd	
July 20th – July 24th		July 27th - July 30th	Last week of Acceleration
July 27th– July 31st			
August 3rd – August 6th	**CLOSED August 7th**		

Summer ACCELERATION Program Information:

Acceleration Program Days and hours of operation:
Monday through Thursday 9:00am- 1:00pm.
Beginning June 29th
Ending July 30th

Acceleration Program Location:
Ethel Burke 112 S. Black Horse Pike

Acceleration Program Walker Policy:
Any student walking to/from camp must submit a permission note along with registration form.

Acceleration Program Check-In and Program Dismissal Policy:
The Acceleration Program will begin PROMPTLY at 9:00am. Dismissal is at 1:00pm. Students NOT picked up by 1:15pm will be sent to CARE and charged a fee of $30.00.

Acceleration Program Discipline
Students are expected to follow the district code of conduct. Failure to follow these expectations will result in dismissal from the Program.

Acceleration Program Breakfast/Lunch: Bagged breakfasts will be provided at check-in and eaten in the classroom. Bagged lunches will be provided and eaten in the classroom. Both meals are provided at no cost.

CHILD'S NAME: _____,_____

(LAST) (FIRST)

Summer ACCELERATION Program AND Summer Before and After CARE Enrollment Form

Received:

Return Enrollment Form by April 24th, 2026, to:
Bell Oaks School, C/O Jamie Croce, 256 Anderson Avenue, Bellmawr, NJ 08031, OR Email to jcroce@bellmawrschools.org

Please enroll student for:	☐ Summer Acceleration Program Only **(no cost program)**	☐ Summer Acceleration and Summer CARE **(See Tuition fee/schedule attached)**

Child Last Name:	**Child First Name:**	**Birthdate:**
Current School:	**Current Grade:**	**Current Teacher:**

PARENT/GUARDIAN INFORMATION

Please check the box (❒) to indicate the primary residence of the child listed above.

❒PARENT/GUARDIAN #1		❒PARENT/GUARDIAN #2	
Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Home Address:		Home Address:	
Employer Name:		Employer Name:	
Employer Phone:		Employer Phone:	
Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:	

EMERGENCY CONTACTS

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

Contact Name #1:	Contact Name #2:	Contact Name #3:
Relationship:	Relationship:	Relationship:
Cell Phone:	Cell Phone:	Cell Phone:
Home Phone:	Home Phone:	Home Phone:
Employer Phone:	Employer Phone:	Employer Phone:

CUSTODY

Name of person PROHIBITED from picking up your child:	

If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

Incomplete forms will be returned. All medical information is required.

	❒ I give permission for my child to participate in **WALKING TRIPS** within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	❒ I **DO NOT** permission for my child to participated in **WALKING TRIPS** within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	❒ I give permission for my child to be **PHOTOGRAPHED** during normal Acceleration Program hours and/or normal CARE hours and understand that photographs may be used in promoting the above-mentioned services, either in print or on the Internet.	❒ I **DO NOT** give permission for my child to be **PHOTOGRAPHED** during normal Acceleration Program hours and/or normal CARE hours and understand that photographs may be used in promoting the above-mentioned services, either in print or on the Internet.
	❒ I give permission for the Acceleration staff and/or the CARE staff to apply sunscreen to my child. I understand I must replenish as necessary, and sunscreen will not be shared.	❒ I **DO NOT** give permission for the Acceleration staff and/or the CARE staff to apply sunscreen to my child. I understand I must replenish as necessary, and sunscreen will not be shared.

RECEIPT OF POLICIES

I (we) attest that all the information on this application is accurate, and that I (we) have received OR reviewed on the district website the following information:

- ❒ Center Policies and Procedures
- ❒ Information to Parents Document
- ❒ Policy on the Expulsion of Children from Enrollment
- ❒ Policy on the Use of Technology and social media
- ❒ Policy on the Management of Illnesses/Communicable Diseases
- ❒ Policy on the Release of Children
- ❒ Policy on the Methods of Parental Notification of Injuries (if applicable)
- ❒ Permission to Photograph Child
- ❒ Permission to Apply Sunscreen

MEDICAL INFORMATION

Child's Health Care Provider:	
Health Care Provider Phone:	
Health Care Provider Address:	
Name of Insurance Company/HMO:	
Group #:	
Identification #:	
Subscriber's Name on Insurance:	
Known Allergies (including medication):	
Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations:	

HEALTH STATEMENT

As the parent/guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.

Parent/Guardian Initials: _____

EMERGENCY TREAMENT

As the parent/guardian of the above-named child, I (we) attest that the information above is correct. I (we) authorize the childcare center staff and Acceleration Program Staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.

Parent/Guardian Initials: _____

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:

Summer before and after CARE Tuition Fees and Schedule Options:

Fee and Schedule forms must be turned in with Enrollment Forms

Summer CARE will operate at Ethel Burke

Tuition for Weeks 1, 2, 3 and a NON-CARE Family $25 reg. fee will be billed out June 1st AND due by June 15th.

Tuition for weeks 4, 5, and 6 and 7 will be billed out on June 22nd and will be due by July 6th.

CARE WEEKS 1 and 7 (FULL CARE DAYS) 7am-5pm *WEEKLY* FEES AND OPTIONS		
Check Option	**# Of Days**	**Full Day 7:00AM-5:00PM**
	3 Days	$120.00
	4 Days	$150.00
	5 Days	$195.00

CARE WEEKS 2, 3, 4, 5 AND 6 (ACCELERATION WKS) *WEEKLY* FEES AND OPTIONS TO BE ENROLLED IN CARE WEEKS 2-6 YOUR CHILD/CHILDREN MUST BE ENROLLED IN THE ACCELERATION PROGRAM.				
Check Option	**# Of Days**	**AM Session 7am-9am**	**PM Session 1pm-5pm**	**AM&PM 7am-9am &1pm-5pm**
	3 Days	$41	$62	$90
	4 Days	$55	$82	$120
	Friday's 7am-5pm	xxx	xxx	$60
▪ 10% Discount for multiple children in a family (Child with higher tuition pays full tuition)				

*CARE will serve Breakfast, snacks, and lunch daily.

*CARE will provide a physical copy of Center policies and procedures upon request. Policies and procedures are located on the district website under the CARE tab.

SUMMER *CARE* SCHEDULE

(Please check all sessions to attend)

Minimum of 3 DAYS

WEEK 1 and 7 (FULL DAY SESSIONS)

	Monday	Tuesday	Wednesday	Thursday	Friday
Wk. 1: 6/23-6/27					
Wk. 7: 8/3- 8/6					CLOSED

SUMMER CARE SCHEDULE

(Please check all sessions to attend)

WEEKS 2, 3, 4, 5 and 6 (ACCELERATION WEEKS)

6/29/2026 THROUGH 7/31/2026

(NO CARE Services on 7/3/26,7/17/26 and 8/7/26)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

- The schedule you provide for Weeks 1,2,3,4,5,6 and 7 will remain for the entirety of Summer CARE.
- Add on charges will be applied if CARE is used on days outside of the original schedule.
- No refunds or credit will be given for days not used.

I, _____ agree to pay Bellmawr CARE $ _____ for the 2026 Summer Program. This fee is based on enrollment, not attendance.

Please Sign and date.

Parent/guardian Signature _____ Date _____