2025 Preschool Summer Camp Scholarship

July 14th- August 22nd

Locations

Children's Playhouse Whitman

2501 S. Marshall Street,

Philadelphia, PA 19148

(215) 372-2050

Children's Playhouse Fairhill

3169 N. 5th Street,

Philadelphia, PA 19133

(215) 419-5807

Latino Educando Juntos is excited to offer a **Preschool Summer Camp Scholarship P Program**, providing 15 fully funded slots for a high-quality, six-week summer experience. T initiative is designed to offer essential support to vulnerable families and prepare young children for academic success.

This program offers a part-time schedule, Monday through Friday, from 8:00 AM to 2:00 PM, and includes free nutritious meals for all participating children. A key benefit of this scholarship is **priority enrollment for the 2025-2026 academic school year** in a preschool program.

Program Locations:

- **Whitman:** 5 scholarship slots at 2501 S. Marshall Street, Philadelphia, PA 19148
- **Fairhill:** 10 scholarship slots at 3169 N 5th Street, Philadelphia, PA 19133

Program Support:

Beyond direct childcare, the Preschool Summer Camp Scholarship will offer comprehensive support to families, including:

- Assistance with enrolling children in preschool programs.
- Support with the ELRC (Early Learning Resource Center) application process.
- Partnerships with Workforce Development to provide additional resources for families.

Eligibility Criteria:

To be considered for the Preschool Summer Camp Scholarship, families must meet the following criteria. Please be prepared to provide documentation to verify eligibility.

- **Child's Age:** Child must have been 3 years old by June 1, 2025. (Proof of age required, e.g., birth certificate).
- **Housing Status:** Families must currently be experiencing homelessness, residing in a shelter, or in transitional housing. (Documentation or verification of housing status required).
- **Income:** Income information is not required for eligibility but may be provided if applicable for additional support services.
- **Health Documentation:** Child's most recent physical and/or dental records (if applicable) are requested to ensure we can meet your child's health needs.
- **Residency:** Families must be residents of Philadelphia. (Proof of residency required, e.g., utility bill, lease agreement).

Attendance Policy:

To ensure the success and continuity of the program for all participants, a strict attendance policy will be enforced. Children with **three unexcused absences** will be withdrawn from the program.

Application Form

Please complete all sections of this application. Incomplete applications may result in delayed processing.

I. Parent/Guardian Information

- Full Name: _____
- Relationship to Child: _____
- Current Address: _____
    - City: Philadelphia
    - State: PA
    - Zip Code: _____
- Phone Number: (___) _____-_____
- Email Address: _____
- Preferred Language for Communication: _____

II. Child Information

- Child's Full Name: _____
- Child's Date of Birth: ____ / ____ / _____
- Gender: _____
- Which program location are you applying for? (Please check one):
    - [ ] Whitman (2501 S. Marshall Street)
    - [ ] Fairhill (3169 N 5th Street)
    - [ ] No Preference (Assign based on availability and need)

III. Eligibility Documentation Checklist (Please check all that apply and be prepared to provide copies)

- [ ] Proof of Child's Age (e.g., Birth Certificate, Passport)
- [ ] Proof of Homeless Status / Shelter / Transitional Housing (e.g., letter from shelter, case worker verification)
- [ ] Proof of Philadelphia Residency (e.g., utility bill, lease agreement, government-issued ID with address)
- [ ] Child's Physical Examination Record (Dated within the last year, if available)
- [ ] Child's Dental Examination Record (Dated within the last year, if available)

IV. Household Income (Optional - for informational purposes and additional support referral)

- Is there any income for your household?
  - [ ] Yes
  - [ ] No
- If yes, please briefly describe the primary source(s) of income (e.g., employment, benefits):

  _____
  _____

V. Certification and Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in my child's disqualification from the program. I also understand and agree to the attendance policy stated above.

Parent/Guardian Signature: _____

Date: ____ / ____ / 2025

Application Submission:

Please submit your completed application and supporting documents to either location:

- **Whitman:** 2501 S. Marshall St, Phila, PA 19148
- **Fairhill:** 3169 N. 5th St, Phila, PA 19133

Or, email your application and documents to: **Info@latinoeducandojuntos.org**

All applications must be submitted by July 3rd, 2025.

For questions or assistance with the application, please contact **(267) 202-1397** or Info@latinoeducandojuntos.org.

Thank you for your interest in the Preschool Summer Camp Scholarship Pilot Program!