



2026 Summer Camp Application Ages 3yrs-5yrs

Locations

Children's Playhouse Fairhill
3169 N 5th Street (19133)
Tel: 215-419-5807

Children's Playhouse Newbold
1426 W Passyunk Ave (19145)
Tel: 267-202-1397

Children's Playhouse Whitman
2501 S Marshall St (19148)
Tel: 215-372-7050



WELCOME TO PRE-K 2026 S.T.E.A.M. SUMMER CAMP!

DEAR FAMILIES,

WELCOME TO OUR PRE-K 2026 S.T.E.A.M. SUMMER CAMP! WE ARE THRILLED TO INVITE OUR YOUNGEST LEARNERS TO A SUMMER OF DISCOVERY, WONDER, AND GROWTH. OUR CAMP IS SPECIFICALLY DESIGNED FOR CHILDREN AGES 3 TO 5 YEARS OLD, OFFERING A FRONT-ROW SEAT TO THE INNOVATION, CULTURE, AND SPIRIT THAT MAKE OUR COMMUNITY WORLD-CLASS.

OUR PROGRAM UTILIZES THE CREATIVE CURRICULUM® FOR PRESCHOOL, A RESEARCH-BASED APPROACH THAT TURNS PLAY INTO PURPOSEFUL LEARNING. THIS SUMMER, OUR YOUNG EXPLORERS WILL DIVE DEEP INTO THREE PRIMARY STUDIES:

- **WATER INVESTIGATION:** EXPLORING THE PROPERTIES OF WATER THROUGH SPLASHING, POURING, AND SCIENTIFIC OBSERVATION.
- **INSECTS:** DISCOVERING THE TINY CREATURES IN OUR ENVIRONMENT AND THEIR VITAL ROLES IN NATURE.
- **BUILDING A BRIDGE TO KINDERGARTEN:** A SPECIALIZED SUMMER STUDY DESIGNED TO SHARPEN THE SOCIAL AND ACADEMIC SKILLS NECESSARY FOR A CONFIDENT TRANSITION TO ELEMENTARY SCHOOL.

EACH WEEK FOCUSES ON HANDS-ON S.T.E.A.M. ACTIVITIES (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATH) SPECIFICALLY DESIGNED TO STRENGTHEN CRITICAL THINKING, CURIOSITY, AND FINE MOTOR SKILLS.

FLEXIBLE ENROLLMENT OPTIONS

OUR SUMMER PROGRAM RUNS FOR 10 WEEKS, FROM JUNE 15TH THROUGH AUGUST 21ST. TO ACCOMMODATE YOUR FAMILY'S SUMMER PLANS, WE OFFER FLEXIBLE SESSION OPTIONS:

- **FULL SUMMER:** JOIN US FOR THE COMPLETE 10-WEEK JOURNEY!
- **SESSION 1 ONLY:** A 5-WEEK BLOCK RUNNING FROM JUNE 15TH TO JULY 17TH.
- **SESSION 2 ONLY:** A 5-WEEK BLOCK RUNNING FROM JULY 20TH TO AUGUST 21ST.

CAMP HOURS: MONDAY THROUGH FRIDAY, 8:00 AM – 5:00 PM.

WE BELIEVE THAT A FUELED MIND IS A FOCUSED MIND. YOUR ENROLLMENT INCLUDES ALL HOT MEALS PROVIDED DAILY:

- NUTRITIOUS BREAKFAST TO START THE MORNING RIGHT.
- BALANCED HOT LUNCH.
- HEALTHY SUPPER SERVED BEFORE PICKUP.

TUITION & FEES

- **REGISTRATION FEE:** \$75 (NON-REFUNDABLE, DUE AT THE TIME OF ENROLLMENT).
- **WEEKLY TUITION:** \$275 PER CHILD.
- **CAMP T-SHIRT (OPTIONAL):** \$20 (AVAILABLE FOR CAMP SPIRIT AND FIELD TRIP IDENTIFICATION).

WE ARE HONORED TO SPEND THE SUMMER WITH YOUR CHILD, MAKING MEMORIES THAT WILL LAST A LIFETIME. LET'S EXPLORE, BUILD, AND GROW TOGETHER!

WARMLY,
THE CPH TEAM

WELCOME TO PRE-K 2026 S.T.E.A.M. SUMMER CAMP!



STUDENT NAME: _____ DOB: _____

PLEASE ENSURE ALL ITEMS BELOW ARE COMPLETED AND ATTACHED. ENROLLMENT IS NOT CONSIDERED FINAL UNTIL ALL DOCUMENTATION AND FEES ARE RECEIVED.

1. REQUIRED FORMS & DOCUMENTATION

- ☐ **EMERGENCY CONTACT INFORMATION:** COMPLETE WITH AT LEAST TWO LOCAL CONTACTS.
- ☐ **FEE & SCHEDULE AGREEMENT:** SIGNED ACKNOWLEDGEMENT OF THE \$190/WEEK TUITION AND 8AM-5PM SCHEDULE.
- ☐ **MEAL APPLICATION:** REQUIRED FOR THE DAILY BREAKFAST, LUNCH, AND SUPPER PROGRAM.
- ☐ **VIDEO/PHOTO RELEASE FORM:** FOR CAMP MEMORIES AND SOCIAL MEDIA.
- ☐ **CHILD'S BIRTH CERTIFICATE:** (CLEAR PHOTOCOPY REQUIRED).
- ☐ **PARENT/GUARDIAN IDENTIFICATION:** (PHOTOCOPY OF STATE ID OR DRIVER'S LICENSE).
- ☐ **PARENT/GUARDIAN HANDBOOK ACKNOWLEDGEMENT SIGNATURE PAGE**

2. HEALTH & SAFETY RECORDS

- ☐ **CHILD'S PHYSICAL:** MUST BE DATED WITHIN THE LAST 12 MONTHS.
- ☐ **IMMUNIZATION RECORDS:** CURRENT UP-TO-DATE RECORDS FROM YOUR PEDIATRICIAN.
- ☐ **MEDICAL INSURANCE CARD:** (PHOTOCOPY OF FRONT AND BACK).
- ☐ **ALLERGY OR ILLNESS INFORMATION:** DETAILED NOTES ON ANY FOOD ALLERGIES, ASTHMA, OR MEDICAL CONDITIONS.

3. FEES & GEAR

- ☐ **NON-REFUNDABLE REGISTRATION FEE:** \$75 PER CHILD (REGISTRATION FEE FOR CCW FUNDED FAMILIES ARE PAID BY ELRC)

☐ **SESSIONS YOUR CHILD WILL BE ATTENDING (CIRCLE SESSIONS ATTENDING):**

- ___ SESSION 1 (5 WEEKS JUNE 15-JULY 17TH)
- ___ SESSION 2 (5 WEEKS JULY 20TH-AUGUST 21ST)
- ___ BOTH SESSIONS (10 WEEKS JUNE 15TH-AUGUST 21ST)

- ☐ **CAMP T-SHIRT ORDER: \$20 PER SHIRT (OPTIONAL).**

QUANTITY: ___ TOTAL (\$20 X QTY) = \$ _____

SIZE(S) WANTED (CIRCLE): * CHILD: CS | CM | CL | CXL

WHAT TO BRING TO CAMP DAILY

TO ENSURE YOUR CHILD HAS THE BEST EXPERIENCE, PLEASE PACK THE FOLLOWING IN A LABELED BACKPACK EVERY DAY:

REFILLABLE WATER BOTTLE: LABELED WITH YOUR CHILD'S NAME.

COMFORTABLE FOOTWEAR: SNEAKERS ARE REQUIRED FOR GROSS MOTOR ACTIVITIES AND FIELD TRIPS. NO FLIP-FLOPS, PLEASE!

SPARE CHANGE OF CLOTHES: ACCIDENTS OR SPILLS HAPPEN!

SUNSCREEN: PLEASE APPLY BEFORE ARRIVAL; COUNSELORS CAN ASSIST WITH RE-APPLICATION IF A WAIVER IS SIGNED.

SWIM GEAR (WEDNESDAYS ONLY): TOWEL, SWIMSUIT, WATER SHOES/CLOSED TOE SHOES, CHANGE OF CLOTHES.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		EMAIL ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		EMAIL ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S) NAME		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME		ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY(Original)

YELLOW COPY(Child Care Space)

PINK COPY(Excursion)

CY 867 10/22

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE

Video and Photo Release Authorization Form



Student Name: _____

School Name: _____

School Year: 20____ – 20____

I hereby grant permission to the School and its representatives to take and use photographs and/or digital video recordings of my child for the purposes listed below. I understand that these materials may be used to document student progress, share classroom activities, or promote the school's programs.

Authorization Checklist

Please **initial** next to each specific use case to indicate your consent. If you do not wish for your child's image to be used for a specific purpose, please leave that line blank.

Release Category	Purpose Description	Parent/Guardian Initials
In-Classroom Use	Displays on bulletin boards, student cubbies, and classroom projects.	_____
School Yearbooks	Inclusion in the annual printed school yearbook.	_____
ClassDojo	Shared via the ClassDojo app (private to the class and parents).	_____
School Website	Use on the official school/district website.	_____
Marketing Materials	Printed brochures, flyers, or advertisements for the school.	_____
Social Media	Posts on official school pages (Facebook, Instagram, etc.).	_____
Student Teacher Case Studies	To allow student teachers/interns to use photos/videos for academic portfolios or case studies required for their certification.	_____

Terms of Release

1. **Ownership:** I understand that all photos and videos remain the property of the School.
2. **Compensation:** I understand that there will be no financial compensation for the use of these images.
3. **Revocation:** I understand that I may revoke this consent at any time by providing written notice to the school office. However, I recognize that images already published (such as in printed yearbooks) cannot be retracted.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: _____
Agreement #: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This Institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		AM	PM	TIME	AM	PM	TIME			
FIRST CHILD	☐ MONDAY									☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
NAME	☐ TUESDAY									
BIRTH DATE	☐ WEDNESDAY									
AGE	☐ THURSDAY									
	☐ FRIDAY									
	☐ SATURDAY									
	☐ SUNDAY									
		Enrollment Date: _____ Withdrawal Date: _____								
SECOND CHILD	☐ Same as Above									☐ Same Meals as Above ☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
NAME	☐ MONDAY									
BIRTH DATE	☐ TUESDAY									
AGE	☐ WEDNESDAY									
	☐ THURSDAY									
	☐ FRIDAY									
	☐ SATURDAY									
	☐ SUNDAY									
		Enrollment Date: _____ Withdrawal Date: _____								
THIRD CHILD	☐ Same as Above									☐ Same Meals as Above ☐ BREAKFAST ☐ A.M. SNACK ☐ LUNCH ☐ P.M. SNACK ☐ SUPPER ☐ EVENING SNACK
NAME	☐ MONDAY									
BIRTH DATE	☐ TUESDAY									
AGE	☐ WEDNESDAY									
	☐ THURSDAY									
	☐ FRIDAY									
	☐ SATURDAY									
	☐ SUNDAY									
		Enrollment Date: _____ Withdrawal Date: _____								

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name

MI

Child's Last Name

Foster Child Migrant Runaway Homeless Head Start

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?			
	Weekly	Bi-Weekly	Monthly	Bi-Monthly
\$				

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)

Earnings from Work	How often?			
	Weekly	Bi-Weekly	Monthly	2x Month
\$				
\$				
\$				
\$				
\$				

Welfare/Child Support/Alimony	How often?			
	Weekly	Bi-Weekly	Monthly	2x Month
\$				
\$				
\$				
\$				
\$				

Pensions/Retirement/ Social Security/SSN/ VA Benefits	How often?			
	Weekly	Bi-Weekly	Monthly	2x Month
\$				
\$				
\$				
\$				
\$				

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X	X	X	X	X	X				
---	---	---	---	---	---	--	--	--	--

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City	State
	Zip	Phone/Email

Source of Income for Children

Sources of Child Income	Examples
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member regularly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Workers compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability benefits - Income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov
This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility	Eligibility			
	☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ 2x Month		☐	☐ Free ☐ Reduced ☐ Denied			
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date		



Read the Family Handbook by scanning QR below

Lee el Manual de la Familia escaneando el QR a continuación



This is also available in the Parent Portal. If you are not yet registered in the Parent Portal, please reach out to your School Director for assistance.

Esto también está disponible en el Portal de Padres. Si aún no está registrado en el Portal de Padres, por favor contacte con el Director de su Escuela para recibir ayuda.

I acknowledge that I have received and read the CPH Family Handbook and understand the policies outlined.

Reconozco que he recibido y leído el Manual Familiar de CPH y entiendo las políticas que se detallan.

Signature of Parent or Guardian: _____

Date: _____

CHILDREN'S PLAYHOUSE FAMILY HANDBOOK

Acknowledgement of Parent Handbook

I have read and understand the contents of this Parent Handbook. I also understand that it is my responsibility to follow ALL the procedures and guidelines in this contract while my child (ren) are in attendance of any of the Children's Playhouse facilities.

Child's Name: _____ D.O.B: _____

Child's Enrollment Date: _____

Parent/Guardian Name (print) _____

Signature: _____ Date: _____

Parent/Guardian Name (print) _____

Signature: _____ Date: _____

Disclosure: Children's Playhouse is constantly working on improving its policies and working with the Philadelphia School District, Mayor's Office of Education, Public Health Management Corporation, and NAEYC on quality improvement. In the event of some policies and procedures being changed or edited, the Children's Playhouse will contact the family immediately and make them aware of those changes to assure that families are aware and in compliance with new policies. This entire handbook was viewed, edited, and revised on July 1st, 2025.

JUNE 2026

PRE-K



06

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15 STEAM Camp (W1-S1) PD-No School All Care Groups	16 First Day of Camp Water Investigation (S1) Nature Sun Print	17 Hand Print Unity Flags	18 Confetti Poppers	19 Juneteenth School Closed	20	21
22 STEAM Camp (W2-S1) The Magic of "Invisible" Water	23 The Great Floating Challenge	24 Wet Day! Rainbow Makers & Color Mixing	25 The Rain Cloud in a Jar	26 The "Ice Age" Rescue	27	28
29 STEAM Camp (W3-S1) The "Quiet" Firework Show	30 Fizzing Star Science					

REMINDERS

June 15th-PD Closed All Care Groups

June 16th - Summer Session 1 Starts

June 19th-Juneteenth -School Closed

Every Wednesdays are Wet Days!

NOTES

MAKE A SPLASH EVERY WET WEDNESDAY! PLEASE SEND YOUR CHILD IN THEIR SWIMSUIT WITH A TOWEL, CLOSED-TOE WATER SHOES, AND A FULL SET OF DRY CLOTHES FOR AFTER OUR SPRINKLER FUN."

JULY 2026

PRE-K



07

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1 Wet Day! Fireworks in a Jar	2 Edible Flag & "Sparkler" Snack	3 Holiday School Closed	4 Independence Day	5
6 STEAM Camp (W4-S1) The "Walking Water" Rainbow	7 The "Magic" Pepper Trick	8 Wet Day! The Reversing Arrow	9 The Blooming Paper Flowers	10 The "Sinking" Oranges Experiment	11	12
13 STEAM Camp (W5-S1) Chef Kiss! The "Holey" Bread (Yeast & Gas)	14 Chef Kiss! The Magic "Color-Changing" Lemonade	15 Wet Day! Chef Kiss! Butter Shakers (Emulsification)	16 Chef Kiss! "Dancing" Spaghetti (Carbonation)	17 PD-No School All Care Groups	18	19
20 STEAM Camp (W6-S2) Chef Kiss! Fruit "Leather" (Dehydration)	21 Chef Kiss! Homemade Salad Dressing (The Great Divide)	22 Wet Day! Chef Kiss! Red Cabbage "Magic" Eggs	23 Chef Kiss! Solar Oven S'mores	24 Chef Kiss! "Fizzy" Fruit Tongue Test	25	26
27 STEAM Camp (W7-S2) The Shaving Cream "Rain Cloud"	28 The "Baggy" Water Cycle	29 Wet Day! Indoor "Thunder" & Static Lightning	30 The "Puddle Hunt" & Chalk Art	31 Dancing "Raindrops" (Sound Science)		

REMINDERS

July 3rd-PD Closed All Care Groups

July 17th-PD-No School All Care Groups

July 20th- Summer Session 2 Starts

NOTES

AUGUST 2026

PRE-K



08

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
					1	2
3 STEAM Camp (W8-S2) The "Magic" Ink Transfer (Coffee Filter Chromatos)	4 "Ghost" Paintings (Wax Resist)	5 Wet Day! Floating Dry-Erase Figures	6 Ice Cube "Crayon" Art	7 Rain-Drop Masterpieces	8	9
10 STEAM Camp (W9-S2) The "What Makes an Insect?" Sort	11 Butterfly Life Cycle "Snack"	12 Wet Day! The "Ant Trail" Scent Test	13 Master of Disguise (Camouflage)	14 Pollen Pick-Up (The Bee Dance)	15	16
17 STEAM Camp (W10-S2) The "Super Strength" Challenge	18 Compound Eye Vision	19 Wet Day! The Insect "Hotel" Build	20 The "Everything I Learned" Museum	21 The "End of Summer" Splashtacular 12p early Disissal	22	23
24 School Closed Professional Development	25 School Closed Professional Development	26 School Closed Professional Development	27 School Closed Professional Development	28 School Closed Professional Development	29	30
31 First Day of School 12pm Early Dismissal Pre-K Only No Extended Care						

MONTHLY GOALS

August 21st- Last Day of Camp

August 21st- 12pm- Early Dismissal

NOTES



PRE-K SUMMER DAILY SCHEDULE



Time	Activity	Description
8:00 – 8:30 AM	Breakfast	Arrival and morning meal.
8:30 – 8:45 AM	Morning Prep	Clean up breakfast; transition to the rug.
8:45 – 9:00 AM	Morning Circle	Morning meeting and Read Aloud 1 .
9:00 – 10:00 AM	Free Choice & Small Group 1	Centers are open. Teacher pulls first round of groups.
10:00 – 10:15 AM	Personal Care / Transition	Bathroom and transition to outdoor/indoor movement.
10:15 – 11:15 AM	Gross Motor (AM)	60 Minutes: Outdoor play or indoor movement.
11:15 – 11:30 AM	Personal Care	Bathroom and handwashing for lunch.
11:30 – 12:00 PM	Lunch	Mid-day meal.
12:00 – 12:15 PM	Personal Care	Handwashing, bathroom, and toothbrushing.
12:15 – 12:30 PM	Read Aloud 2	Transition to rest with a quiet story.
12:30 – 2:00 PM	Nap / Rest Time	1.5 Hours: Quiet rest on mats.
2:00 – 2:15 PM	Personal Care	Wake up, bathroom, and handwashing.
2:15 – 2:30 PM	PM Supper	Afternoon meal.
2:30 – 3:30 PM	Free Choice & Small Group 2	Centers are open. Teacher pulls second round of groups.
3:30 – 4:15 PM	Gross Motor (PM)	45 Minutes: Outdoor play or indoor movement.
4:15 – 4:30 PM	Read Aloud 3	Final afternoon story time.
4:30 – 5:00 PM	Reflection & Dismissal	Large group roundup and Departures.



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