2026 Summer Camp Application
Ages 6yrs-12yrs

Locations

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

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

WELCOME TO PHILLY CAMP 250!

DEAR FAMILIES,

WE ARE THRILLED TO WELCOME YOU TO PHILLY CAMP 250, A SUMMER EXPERIENCE DESIGNED TO CELEBRATE PHILADELPHIA'S PAST, PRESENT, AND FUTURE! AS OUR CITY PREPARES FOR ITS HISTORIC 250TH ANNIVERSARY, OUR CAMP OFFERS STUDENTS A FRONT-ROW SEAT TO THE INNOVATION, CULTURE, AND SPIRIT THAT MAKE PHILLY WORLD-CLASS.

OUR PROGRAM IS A DYNAMIC SCHOOL-AGE SUMMER CAMP OPERATING MONDAY THROUGH FRIDAY, FROM 8:00 AM TO 5:00 PM. WE BELIEVE THAT A FUELED MIND IS A FOCUSED MIND, WHICH IS WHY YOUR ENROLLMENT INCLUDES DAILY BREAKFAST, LUNCH, AND SUPPER.

FLEXIBLE ENROLLMENT OPTIONS

OUR SUMMER PROGRAM RUNS FOR 10 WEEKS, FROM JUNE 15TH THROUGH AUGUST 21ST. WE UNDERSTAND THAT SUMMER SCHEDULES CAN BE BUSY, SO WE OFFER FLEXIBLE SESSION OPTIONS TO MEET YOUR FAMILY'S NEEDS:

FULL SUMMER: JOIN US FOR THE COMPLETE 10-WEEK JOURNEY!
S**ESSION 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.

TUITION & FEES

- **REGISTRATION FEE:** $75 (NON-REFUNDABLE, DUE AT THE TIME OF ENROLLMENT).
- **WEEKLY TUITION:** $190 PER CHILD.
- **FIELD TRIPS:** TO ENHANCE OUR WEEKLY THEMES, WE COORDINATE EXCITING EXCURSIONS. EACH FIELD TRIP IS A SEPARATE CHARGE OF $20 PER CHILD, PER WEEK.
- **CAMP T-SHIRT:** $20 (REQUIRED FOR FIELD TRIP SAFETY AND CAMP SPIRIT).
- **TRANSPORTATION:** ADVENTURE IS JUST A RIDE AWAY! WE ARE PROUD TO ANNOUNCE THAT WE HAVE PURCHASED OUR OWN PRIVATE SCHOOL BUS/VAN, AND SAFE TRANSPORTATION TO AND FROM ALL WEEKLY TRIPS WILL BE PROVIDED BY THE CAMP.

A SUMMER OF DISCOVERY

EVERYDAY AT PHILLY CAMP 250 IS PACKED WITH VARIETY. OUR CURRICULUM IS DESIGNED TO PREVENT "SUMMER SLIDE" WHILE ENSURING MAXIMUM FUN. YOUR CHILD WILL BE EXPOSED TO:
STEM & HISTORY: FROM COLONIAL INVENTIONS TO FUTURE SPACE EXPLORATION.
READ BY 4TH: DAILY LITERACY SUPPORT TO KEEP READING SKILLS SHARP.
SPORTS & GROSS MOTOR: FEATURING WORLD CUP SOCCER DRILLS AND MLB-THEMED PHYSICS.
ARTS & MUSIC: CREATIVE PROJECTS, "READER'S THEATER," AND MURAL DESIGN.

WE ARE HONORED TO SPEND THE SUMMER WITH YOUR CHILD, MAKING MEMORIES THAT WILL LAST A LIFETIME. LET'S MAKE HISTORY TOGETHER!
WARMLY,
THE CPH TEAM

PHILLY CAMP 250: ENROLLMENT CHECKLIST

STUDENT NAME: _____ GRADE: _____ 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.
[ ] FIELD TRIP PERMISSION SLIPS: SIGNED FOR EITHER SESSION 1, SESSION 2, OR BOTH.
[ ] 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)

[ ] FIELD TRIP PAYMENTS: $20 PER WEEK **(CIRCLE WEEKS ATTENDING: 1 2 3 4 5 6 7 8 9 10).**

[ ] CAMP T-SHIRT ORDER: $20 PER SHIRT (REQUIRED FOR FIELD TRIPS).

QUANTITY: ____ TOTAL ($20 X QTY) = $_____
SIZE(S) WANTED (CIRCLE): * CHILD: CS | CM | CL | CXL ADULT: AS | AM

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!
SUMMER READING BOOK: FOR OUR DAILY "COOL DOWN & INDEPENDENT READING" HOUR.
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 AND SWIMSUIT FOR "AQUA ADVENTURE" WEEKS OR SPLASH PAD TRIPS.

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)

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 minumum. (§ 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:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ 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

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

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:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Child and Adult Care Food Program **Sponsor/Center Name:**_____

Child Enrollment Form (Sample) **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								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	☐ MONDAY									
NAME	☐ TUESDAY	☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								☐ BREAKFAST
BIRTH DATE	☐ WEDNESDAY	Other:								☐ A.M. SNACK
AGE	☐ THURSDAY									☐ LUNCH
	☐ FRIDAY									☐ P.M. SNACK
	☐ SATURDAY									☐ SUPPER
	☐ SUNDAY	Enrollment Date: Withdrawal Date:								☐ EVENING SNACK
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		☐ Same Times as Above								
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
SECOND CHILD	☐ Same as Above									☐ Same Meals as Above
NAME	☐ MONDAY	☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								☐ BREAKFAST
BIRTH DATE	☐ TUESDAY	Other:								☐ A.M. SNACK
AGE	☐ WEDNESDAY									☐ LUNCH
	☐ THURSDAY									☐ P.M. SNACK
	☐ FRIDAY									☐ SUPPER
	☐ SATURDAY									☐ EVENING SNACK
	☐ SUNDAY	Enrollment Date: Withdrawal Date:								
FULL NAME OF ENROLLED CHILD (Include Birth Date/Age	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		☐ Same Times as Above								
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
THIRD CHILD	☐ Same as Above									☐ Same Meals as Above
NAME	☐ MONDAY	☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours								☐ BREAKFAST
BIRTH DATE	☐ TUESDAY	Other:								☐ A.M. SNACK
AGE	☐ WEDNESDAY									☐ LUNCH
	☐ THURSDAY									☐ P.M. SNACK
	☐ FRIDAY									☐ SUPPER
	☐ SATURDAY									☐ EVENING SNACK
	☐ 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 FDPIR?

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	Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	Weekly	Bi-Weekly	Monthly	2x Month
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

(How often? applies to each income column)

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 -

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? Weekly ○ | Bi-Weekly ○ | Monthly ○ | 2x Month ○

Household size

Categorial Eligibility ☐

Eligibility: Free ○ | Reduced ○ | Denied ○

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date

Read the Philly Summer Camp 250 Manual by scanning QR below

Lea el Manual de Philly Summer Camp 250 escaneando el código QR a continuación

English

Spanish

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: _____

THIS **HANDBOOK ACKNOWLEDGEMENT & SIGNATURE PAGE** IS DESIGNED TO BE A BINDING AGREEMENT BETWEEN THE FAMILY AND YOUR CENTER. IT INCLUDES SPACE FOR TWO PARENTS/GUARDIANS TO ENSURE BOTH ARE HELD ACCOUNTABLE FOR THE POLICIES AND FEES.

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PHILLY CAMP 250: FAMILY ACKNOWLEDGEMENT FORM

SUMMER 2026 | JUNE 15TH – AUGUST 21ST

STUDENT NAME: _____ **DOB:** _____

POLICY ACKNOWLEDGEMENT

PLEASE INITIAL EACH BOX TO CONFIRM YOU HAVE READ AND AGREE TO THE TERMS:

| POLICY AREA | PARENT 1 INITIALS | PARENT 2 INITIALS |

|**FINANCIAL:** TUITION/CO-PAYS ARE DUE EVERY **FRIDAY** FOR THE FOLLOWING WEEK. | _____ | _____ |
|**LATE FEES:** $25 LATE TUITION FEE AND $5.00/MINUTE LATE PICK-UP FEE APPLY. | _____ | _____ |
SUSPENSION: NO ATTENDANCE PERMITTED IF ANY BALANCE REMAINS UNPAID. | _____ | _____ |
ARRIVAL: I AGREE TO HAVE MY CHILD DROPPED OFF **BEFORE 9:30 AM** DAILY. | _____ | _____ |
ATTENDANCE: PAYMENT IS REQUIRED FOR THE FULL SESSION EVEN IF CHILD IS ABSENT. | _____ | _____ |
FIELD TRIPS: $20 FEE + CAMP SHIRT REQUIRED. NO CENTER CARE IF CHILD SKIPS TRIP. | _____ | _____ |
SUPPORT: ABA/PCA OR ADULT FAMILY MEMBER MUST ACCOMPANY 1-ON-1 KIDS ON TRIPS. | _____ | _____ |
CONDUCT: STUDENTS MUST FOLLOW THE 3 CORE RULES OR RISK TRIP SUSPENSION. | _____ | _____ |
TECH: NO CELL PHONE USE IS PERMITTED DURING CAMP HOURS. | _____ | _____ |

SESSION ENROLLMENT (SELECT ONE)

[__] SESSION 1 ONLY (JUNE 15 – JULY 17)
[__] SESSION 2 ONLY (JULY 20 – AUGUST 21)
[__] FULL 10-WEEK SUMMER (JUNE 15 – AUGUST 21)

AUTHORIZED SIGNATURES

BY SIGNING BELOW, I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED, READ, AND AGREE TO ABIDE BY ALL POLICIES OUTLINED IN THE **PHILLY CAMP 250 FAMILY HANDBOOK**. I/WE UNDERSTAND THAT FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN THE TERMINATION OF CHILDCARE SERVICES.

PARENT/GUARDIAN 1 SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

PARENT/GUARDIAN 2 SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

FOR ADMINISTRATIVE USE ONLY

I, THE DIRECTOR OF PHILLY CAMP 250, VERIFY THAT THE REGISTRATION FEE ($75) HAS BEEN PAID AND ALL REQUIRED HEALTH/ENROLLMENT DOCUMENTS HAVE BEEN RECEIVED AS OF THE DATE BELOW.

DIRECTOR'S SIGNATURE: _____ **DATE:** _____

JUNE 2026

SCHOOL- AGE

06

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15 PD-No School All Care Groups	16 First Day of Camp W1 Philly Firsts (S1) Ben's Lightning Rods	17 The Freedom Seeds	18 W1 Field Trip: Johnson House	19 Juneteenth School Closed	20	21
22 W2 World Cup Fever (S1) The Science of the "Kick	23 Physics of the Pitch	24 Trip Day (FIFA Fan Fest)	25 Engineering a Stadium	26 The Final Whistle	27	28
29 W3 250th Anniversary (S1) Chemical Fireworks	30 The Sound of Liberty					

REMINDERS

June 15th-PD Closed All Care Groups

June 16th - Summer Session 1 Starts

June 19th-Juneteenth -School Closed

NOTES

JULY 2026

SCHOOL- AGE

07

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		1 Field Trip Day (Old City Scavenger Hunt)	2 Midnight Ride Math	3 Holiday School Closed	4 Independence Day	5
6 W4 Nature's Engineers (S1) The Architect's Beak	7 Bird-Safe Engineering	8 Field Trip Day (Bartram's Garden)	9 Pollinator Pathways	10 Habitat Hotels	11	12
13 W5 MLB All-Star Week (S1) The Physics of the Bat	14 The Pop-Fly & Air Resistance	15 Field Trip Day (Citizens Bank Park Tour)	16 Curveballs & Aerodynamics	17 PD-No School All Care Groups	18	19
20 W6 Aqua Adventure (S2) Sink or Swim?	21 Clean Water Science	22 Field Trip Day (Sister Cities Park Splash Pad)	23 Harnessing the River	24 Salinity & Sea Stories	25	26
27 W7 Space Explorers (S2) The Great Moon Landing	28 Rocket Science	29 Field Trip Day (The Franklin Institute)	30 Life on Mars?	31 Crater Impacts		

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

SCHOOL- AGE

SUMMER CAMP PHILLY 250

08

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
					1	2
3 W8 Animal Kingdom (S2) The Art of Disguise	4 Adaptation Stations	5 Field Trip Day (Smith Memorial Playground)	6 Night Owls & Echolocation	7 Web Engineering	8	9
10 W9 Urban Gardeners (S2) The Seed's Journey	11 Dirt & Decomposition	12 Field Trip Day (FDR Park Field Day	13 Solar Power & Green Tech	14 Harvest & Mosaics	15	16
17 W10 Camp Finale (S2) Solve a Problem	18 Engineering Excellence	19 Field Trip Day (Free Library Parkway)	20 Letters to 2030	21 THE GRAND FINALE 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

SUMMER CAMP PHILLY 250

SUMMER 2026

Let's Make History!

Join Us for Unforgettable Summer of "Philly Firsts"!

10 Weeks of Fun, Discovery & Adventure
(June 15 to August 21)

Explore & Learn

- Hands-On STEM & Inventions
- History & Local Field Trips
- Daily "Read by 4th" Literacy
- Sports, Arts & Music!

Camp Essentials

- School-Age: Mon-Fri, 8 AM - 5 PM
- Ages 6yrs-12yrs
- Breakfast, Lunch & Supper Included!
- CCW Subsidy & Private Pay Accepted

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

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

Enrollment Is Open!
Scan for Details & Registration

Childrens Playhouse: Where Kids Shine Bright!
Visit: ChildrensPlayhousePA.org


The Children's Playhouse
EARLY LEARNING CENTER
250
250
SUMMER CAMP
PHILLY 250