

CARRIAGE HOUSE CHILDREN'S CENTER 2020 SUMMER PROGRAM

Child's Name: _____ Birth Date: _____ Sex: _____

Address: _____ Zip: _____ Home Phone: _____

Parent's Name: _____ Occupation: _____

Email Address: _____ Daytime Phone: _____

Parent's Name: _____ Occupation: _____

Email Address: _____ Daytime Phone: _____

Other School/Camp Experience: _____

Is there any reason this child could not participate in the regular activities? _____

Number of days Attending	Hours of Attendance	Select Schedule (v)	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks	10 weeks	11 weeks	12 weeks	13 weeks
3 Days a Week	9am-1pm		765	935	1115	1300	1375	1550	1720	1890	2025	2175
3 Days a Week	9am-4pm		1085	1320	1550	1780	1970	2205	2445	2675	2890	3115
3 Days a Week	Extended		1140	1415	1695	1950	2155	2445	2695	2945	3195	3445
4 Days a Week	9am-1pm		880	1050	1235	1400	1545	1730	1920	2105	2295	2470
4 Days a Week	9am-4pm		1145	1400	1690	1935	2130	2365	2650	2890	3130	3375
4 Days a Week	Extended		1265	1535	1790	2090	2310	2565	2865	3130	3395	3660
5 Days a Week	9am-1pm		940	1145	1345	1555	1715	1930	2125	2325	2530	2725
5 Days a Week	9am-4pm		1265	1535	1855	2090	2310	2600	2865	3130	3395	3660
5 Days a Week	Extended		1325	1655	1960	2285	2500	2775	3085	3350	3765	4060
CENTER CLOSED :	Friday, July 3rd Holiday	Friday, August 28th In-Service										

EACH CAMPER MUST ATTEND AT LEAST FOUR (4) WEEKS. PLEASE MARK WEEKS CHILD WILL BE ATTENDING.

Week Beg.	June 1	June 8	June 15	June 22	June 29 Closed on Friday 7/3	July 6	July 13	July 20	July 27	Aug 3	Aug 10	Aug 17	Aug 24 Closed on Friday 8/28
Mark Here													

INDICATE PREFERRED DAYS AND ARRIVAL AND DEPARTURE TIMES

	<u>Arrives</u>	<u>Departs</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Parent's Signature: _____ Date: _____

PLEASE RETURN TO: THE CARRIAGE HOUSE CHILDREN'S CENTER
 5604 SOLWAY STREET, PITTSBURGH, PA 15217
 TELEPHONE #: 412-421-0300 FAX #: 412-421-3127
 EMAIL: chcc@carriagehouse.org WEBSITE: www.carriagehouse.org

