

June with Ms. Tammie 2019

Who: J.E. Cosgriff Summer Camp students entering Kindergarten thru 7th Grade

Where: Vaughan Center, 1929 S. 2300 E. S.L.C., Extended Day Program classroom

When: June 3rd –June 27th, 2019, 12:00 p.m. to 4:00 p.m., Monday-Thursday

What: Supervised Student Care after the Cosgriff Summer Camp program dismisses at 12:00 noon.

Cost: Early Bird \$350.00 per student for all 4 weeks paid on or before May 10th payable to: Summer EDP
After May 10th drop in rates apply: \$100.00 per week and or \$25.00 per day at pick up. (NO hourly rates)
“June with Ms. Tammie” fee and your regular EDP payment must be paid with separate checks.

Contact: Tammie Cleverly, Director, J.E. Cosgriff Memorial Extended Day Program 801-484-8905

Specifics: We meet in the gymnasium at 12:00 noon for lunch; please send a sack lunch, sunscreen & a hat. After lunch we utilize the gymnasium, playground, school field and Vaughan Center classroom & library. Our program includes snack, arts & craft supplies, books, games and toys. Weather permitting, we will be playing outside much of the day i.e. Water Wednesday etc. Refer to the EDP handbook online for more information concerning our behavior expectations & guidelines at cosgriff.org under parent information. Children will only be released to individuals listed below, unless otherwise indicated. Students must be picked up by 4:00 pm, otherwise late fees will apply.

By completing this registration, you agree and understand all the information indicated.

June with Ms. Tammie 2019 Registration

Early Bird Rate: \$350.00 per student, payment due by May 10th made payable to: SUMMER EDP
After May 10, 2019 Rates: \$100.00 weekly or \$25.00 daily payable, day/week of attendance

Name of student 1 _____ M / F Entering Grade _____ 2019-20

Name of student 2 _____ M / F Entering grade _____ 2019-20

Please indicate when your student will be attending assuring daily staffing and supplies:

Week(s) student will attend:	June 3-6	June 10-13	June 17-20	June 24-27	Amt. Pd.
Student 1	_____	_____	_____	_____	_____
Student 2	_____	_____	_____	_____	_____

Parent 1 name _____ emergency contact # _____
Address _____

Parent 2 name _____ emergency contact # _____
Address (if different) _____

Name & Ph. of Emergency contact if parents cannot be located: _____

Other individuals who have permission to pick up student/s: _____

Health concerns or allergies _____

Misc. Information _____

EDP use only: Date Rec'd _____

Amount Rec'd _____