

J.E. Cosgriff Memorial Catholic School Summer Adventure Camps 2016 Preschool-8th Grade

2335 East. Redondo Ave.
Salt Lake City, Utah 84108
www.cosgriff.org
801-486-3197



Academics ~ Technology ~ Fine Arts ~ Sports

Hunters, Gatherers and Producers

June 6-9



How would you like to be an astronaut for a day? Try on for size the job of a construction worker, restaurant owner, nurse, forest ranger, farmer, doctor or actor. What is your dream job for the future and how can you make it come true? What type of skills, training, and education does it take to be successful in your specific vocation or career of interest? Read, research and speak to someone in a career or job that interests you! Share your findings with classmates. How can you make your dream job come true?



Passport to Adventure!

June 13-16



Jump on board a ship, train, airplane, or even a rocket to explore from top to bottom a new state, country or continent. Take a week to learn about the history, geography, natural resources, people, customs, holidays, and occupations. Just what makes your new country so incredibly unique and interesting? Prepare maps, pictures, and artifacts for a special presentation to share with classmates.



“Survivor Week”

Outwit, Outplay, Outlast

June 20-23



Which tribe will win this week of challenges, daring activities and keen competition? This week is not for the faint of heart!! All of your academic, physical and teamwork skills will be tested and put to good use. Come each day ready for the ultimate in brain storming and supreme competition.

Whatever you do—don't get kicked off the island!!



A Walk on the Wild Side

June 27-30



New mammals, fish and insects are being discovered every day, in all parts of the world. Spend a week researching and learning about some very bizarre creatures, where they live, what they eat and just how they survive from day to day. Learn first- hand about the Red Lipped Bat Fish, Goblin Shark, Panda Ant, Hummingbird Hawk Moth, Glaucus Atlanticus, Pacu Fish, Saiga Antelope, Maned Wolf and other unusual, and sometimes creepy creatures. Think “Wild” and create your own original creature, with a far out name, shape, color, habitat, food source, enemies and predators.



**REQUIRED SUMMER READING
LITERATURE STUDY GROUP
Summer Camp - 2016**



Who: Students entering Sixth, Seventh and Eighth grade in the fall of 2016-2017 school year

What: Read and discuss the required literature books and complete the assigned packet

When: Monday thru Thursday, June 6-30, 9:00am-10:00

Why: Students will get a head start on summer reading requirements, work in a literature group and benefit from discussion and text analysis

Price: If student will be attending Summer School \$60 per week
If student will ONLY be attending Lit Group \$80 per week

Summer Tutoring 2016



If you are interested in private tutoring for the summer of 2016 and have not made arrangements with a tutor, please email Mrs. Hunt at bhunt@cosgriff.org

Hourly tutoring is \$40 per hour and paid directly to the teacher.

J.E. Cosgriff Memorial Catholic School Summer Adventure Camps 2016

(Academics, Technology, Fine Arts & Sports)

Who – For students entering preschool through 8th grade in fall of 2016

What – Four exciting “Theme Based” weeks of top notch education and fun

When – June 6th-30th ♦ 9:00am until 12:00pm ♦ Monday – Thursday

Where – J.E. Cosgriff School – 2335 Redondo Ave. SLC, UT 84108

Drop off/pick up - west entrance in St. Ambrose parking lot

Invite your friends.....students do not need to be enrolled at Cosgriff School, or be a St. Ambrose parishioner to attend Summer Camp. **Summer Camp enrollment is on a first come first serve basis**

Please fill out this bottom portion and deliver or mail it with a check payable to:
J.E. Cosgriff School 2335 E. Redondo Ave Salt Lake City, UT 84108

Name of student 1 _____ Grade for the 2016-2017 school year _____

Name of student 2 _____ Grade for the 2016-2017 school year _____

Name of student 3 _____ Grade for the 2016-2017 school year _____

Parent Names: _____ Parent Email: _____

Parent Phone Numbers Cell: _____ Home: _____ Work: _____

In Case of Emergency Please Call: Name _____ Phone _____

Check the Following:

1. Week(s) student will attend Summer Adventure Camps (9am-12pm, Mon-Thurs)

	Student 1	Student 2	Student 3
June 6-9	___	___	___
June 13-16	___	___	___
June 20-23	___	___	___
June 27-30	___	___	___

2. Week(s) student will attend Summer Reading Literature Group 6th, 7th & 8th (9am-10am, Mon-Thurs)

	Student 1	Student 2	Student 3
June 6-9	___	___	___
June 13-16	___	___	___
June 20-23	___	___	___
June 27-30	___	___	___

3. Registration:

- **Early Bird Special (All 4 weeks)** - \$425.00 if registration & payment is received before May 6th
 Number of Students _____ x \$425 = Sub-Total
\$ _____
- **Summer Camp (All 4 weeks)** - \$475.00 registration after May 6th
 Number of Students _____ x \$475 = Sub-Total
\$ _____
- **Weekly Basis** - For students attending 1, 2, or 3 weeks of Summer Camp
 Total number of Students _____ x Total number of weeks _____ = _____ x \$125 = Sub-Total
\$ _____
- **6th, 7th & 8th Required Summer Reading Literature Group**
 If student will be attending Summer School \$60 per week
 Total number of Students _____ x Total number of weeks _____ = _____ x \$60 = Sub-Total
\$ _____
- If student will ONLY be attending Lit Group \$80 per week
 Total number of Students _____ x Total number of weeks _____ = _____ x \$80 = Sub-Total
\$ _____
- TOTAL**
\$ _____

Scholarships are available as needed.
Please contact Principal Hunt at 801-486-6933 or bhunt@cosgriff.org

**J.E. COSGRIFF MEMORIAL CATHOLIC SCHOOL CAMP RELEASE, WAIVER OF LIABILITY,
ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the J.E. Cosgriff Summer Adventure Camps and/or Extended Day Program, I for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Camp and that I am qualified, in good health, and in proper physical condition to participate in such Camp. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Camp.
2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE J.E. Cosgriff Memorial Catholic School as well as the officers, directors, agents, employees and assigns of each, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I or anyone on my behalf against any of the RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE TO BE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

AREA CODE: _____ PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

June with Ms. Tammie 2016

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

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

When: June 6th –June 30, 2016, 12:00 p.m. to 4:00 p.m., Monday-Thursday

What: Supervised Child Care after the Cosgriff Summer School program dismisses students at 12:00 noon.

Cost: Early Bird Special \$350.00 per student for all 4 weeks paid on or before May 13th payable to: Cosgriff EDP.
After May 13th drop in rates apply: \$100.00 per week and or \$25.00 per day payable to Cosgriff EDP
 directly due at time of service at pick up. (Hourly rates do not apply)
 “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, school 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 2016 Registration

Early Bird Special \$350.00 per student, payment due by May 13th made payable to: Cosgriff EDP
After May 13, 2016 drop-in rates apply: \$100.00 weekly or \$25.00 daily payable to Cosgriff EDP, due at time of service.

Name of student 1 _____ M / F Entering grade _____ 2016-2017

Name of student 2 _____ M / F Entering grade _____ 2016-2017

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

Week(s) student will attend:	June 6-9	June 13- 16	June 20-23	June 27-30	Amt. Pd.
Student 1	_____	_____	_____	_____	_____
Student 2	_____	_____	_____	_____	_____

Mothers name _____ emergency contact # _____
 Address _____

Fathers name _____ emergency contact # _____
 Address (if different) _____

Name & Ph. Of Emergency contact if parents cannot be located: _____
 Other individuals who have permission to pick up students(s) _____
 Health concerns or allergies? _____
 Misc. Information _____

EDP use only: Date Rec'd _____ Amount Rec'd _____