

J.E. Cosgriff Memorial Catholic School Summer School 2017 Preschool-8th Grade

2335 East. Redondo Avenue
Salt Lake City, Utah 84108

www.cosgriff.org

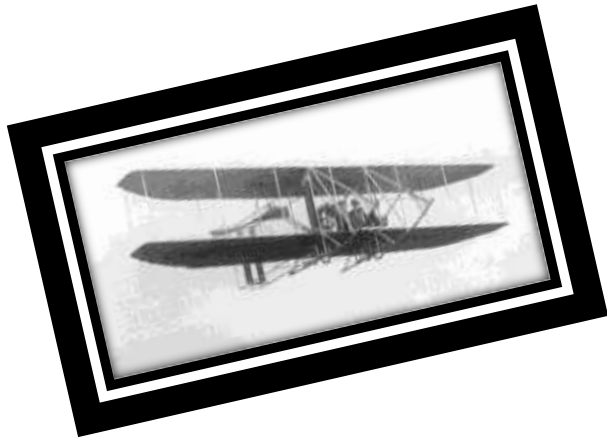
801-486-3197



Academics ~ Technology ~ Fine Arts ~ Sports

BIRDS OF A FEATHER AND ROCKETS

Week 1- June 5-8



The first airplane flight occurred less than 100 years ago, while birds and their ancestors have been performing fantastic flying feats for millions of years. Just how do kites, hot air balloons and gliders fly high in the sky? How did Wilbur and Orville Wright fly that first propeller plane for those twelve magic seconds? Of course jet planes and rockets are a whole different story. In one short week, learn the basics of aerodynamics using heat, fuel and energy. Design your own paper air plane, kite, balloon and maybe the next super invention in air travel.

Good Luck and don't forget to book your flight.



FOR THE LOVE OF ART!!

Week 2- June 12-15



You are in for a week of excitement as you discover the artist in you! You will start by researching a few of the great artists. Learn about Edgar Degas, a French artist, best known for his paintings of ballet dancers. You might look closely at the twelve jungle scape paintings of Henry Rousseau. Wassily Kandinsky was a famous abstract artist who used geometric shapes, dark lines and bright primary colors for his famous painting, **Yellow-Red-Blue**. Oh don't forget to check-out the "Master" of all times, Leonardo Da Vinci. His interests were in art, science, mathematics, architecture, music, with a few inventions along the way. You will surely recognize two of his famous paintings, **The Mona Lisa** and **The Last Supper**. Live your artistic dream as you create an original mask, dream catcher, quilt design, a Chinese dragon, a city block, cave paintings, a rainforest or desert landscape. Use your imagination, different media and the inspiration of the great artists, past and present to create your own "masterpiece."

MILLION DOLLAR MUMMIES!

Week 4- June 26-29



Move on Back—a long way back into ancient history to the mystical land of Egypt. On this journey, you will decipher and draw hieroglyphic symbols and discover the purpose of the pyramids, with all of their after-life rooms and belongings. You will learn about a mummy, an amulet, obelisk, papyrus, a sphinx, and other important Egyptian treasures. Use your artistic talents to design new jewelry or clothing for the famous queen, Nefertiti. Write or tell a story about the customs and everyday lives of the Egyptians. Create a board game, or make a video about the inventions, medical discoveries and other amazing facts about ancient Egyptians. So much to explore and learn in just one week.



**REQUIRED SUMMER READING
LITERATURE STUDY GROUP
Summer School - 2017**



Who: Students entering sixth, seventh and eighth grade in the fall of 2017-2018 school year

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

When: Monday thru Thursday, June 5-29, 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: Literature Study Group \$75 per week

Summer Tutoring 2017



If you are interested in private tutoring for your child, during June, July or August, please contact Mrs. Hunt for recommendations at 801-486-6933 or bhunt@cosgriff.org
(Private tutoring is not available during Summer School Hours)

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

J.E. Cosgriff Memorial Catholic School Summer School 2017

(Academics, Technology, Fine Arts & Sports)

Who – For students entering preschool through 7th grade in fall of 2017

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

When – June 5-29 ♦ 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 School. **Summer School 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, Summer School 2335 E. Redondo Ave Salt Lake City, UT 84108

Name of student 1 _____ Grade for the 2017-2018 school year _____

Name of student 2 _____ Grade for the 2017-2018 school year _____

Name of student 3 _____ Grade for the 2017-2018 school year _____

Parent Names: _____ Parent Email: _____

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

In Case of Emergency Please Call: Name _____ Phone _____

Check the Following:

- Week(s) student will attend Summer School (9am-12pm, Mon-Thurs)

	Student 1	Student 2	Student 3
June 5-8	_____	_____	_____
June 12-15	_____	_____	_____
June 19-22	_____	_____	_____
June 26-29	_____	_____	_____

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

	Student 1	Student 2	Student 3
June 5-8	_____	_____	_____
June 12-15	_____	_____	_____
June 19-22	_____	_____	_____
June 26-29	_____	_____	_____

- Registration:

- Early Bird Special (All 4 weeks)** - \$450.00 if registration & payment is received before May 6th
Number of Students _____ x \$450 =

Sub-Total
\$ _____

- Summer Camp (All 4 weeks)** - \$500.00 registration after May 6th
Number of Students _____ x \$500 =

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**
Total number of Students _____ x Total number of weeks _____ = _____ x \$75 =

Sub-Total
\$ _____

Summer School scholarships are available.

Contact Mrs. Hunt 801-486-6933 or bhunt@cosgriff.org

TOTAL
\$ _____

**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 NEGLIGENCE RESCUE OPERATIONS, NEGLIGENCE 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 NEGLIGENCE 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 2017

Who: J.E. Cosgriff Summer School students entering Kindergarten thru 7th Grade
Tammie Cleverly, EDP Director, Extended Day Program, J.E. Cosgriff 801-484-8905

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

When: June 5th - June 29, 2017, 12:00 p.m. to 4:00 p.m., Monday-Thursday

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

Cost: Early Bird Special \$350.00 per student for all 4 weeks paid on or before May 12th payable to: EDP
After May 12th rates: \$100.00 per week and or \$25.00 per day payable to EDP Cosgriff
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.
All students must be registered and fees paid prior to attending.

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. 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 2017 Registration

Early Bird Sign- up \$350.00 per student, payment due by May 12th made payable to: EDP.
After May 12, 2017 rates apply: \$100.00 weekly or \$25.00 daily payable to: EDP, due at time of service.
This registration form is due no later than May 29th, 2017 to ensure staffing and supplies. All students must be
registered and fees paid prior to attending.

Name of student 1 _____ M / F Entering Grade _____ 2017-18

Name of student 2 _____ M / F Entering grade _____ 2017-18

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

Week(s) student will attend:	June 5-8	June 12-15	June 19-22	June 26-29	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 _____

Health concerns or allergies _____

Misc. Information _____

EDP use only: Date Rec'd _____

Amount Rec'd _____