

Everyday Etiquette 2010 Summer Camp Teaching Kids the “How & Why” of Good Manners

Program Description: Teaching Kids the “How and Why” of Good Manners

Manners are the secret to academic, social and professional success. This program is designed to teach children appropriate social skills create an environment where children have the opportunity to work together with their peers in a structured & fun setting under the supervision of a nationally certified speech language clinician. Each day will focus on a targeted goal (e.g. greetings, table manners, taking turns etc.) while incorporating games, stories, songs and crafts. At the end of the week, we will show-off our new manner at a fancy party!

Objectives: Children will learn about good manners they can use at home, school and over at friend’s houses

Instructor: Vanessa Bowne, MA CCC – SLP, Basic Life Support Certified

Ages: 6 – 10; Space is limited. Register today!

Dates: June 14 – 18, 2010

Time: Sessions will be conducted 9 a.m. - 12 p.m., 5 days a week

Location: UCP of Central Florida, Downtown Orlando/Holloway Campus
3305 S. Orange Avenue Orlando, FL 32806

Activities: Everyday politeness
Phone etiquette
Proper introductions to peers and adults
Conversation starters with friends and adults
Table manners
Social Expectations
Respecting Others
How to disagree with others
Taking turns
Classroom manners
Good sportsmanship



Cost: \$235 per week per participant; \$225 if register by May 7, 2010
\$25 non-refundable deposit

Payment Methods:

Check or money order payable to UCP of Central Florida
Visa, MasterCard and Discover accepted

Please mail payments to:
UCP of Central Florida
Attn: Irma Rosa/Every Day Etiquette
3305 S. Orange Avenue
Orlando, FL 32806

Registration Deadline is May 21, 2010



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Dates: June 14 – 18, 2010

Time: Sessions will be conducted 9 a.m. - 12 p.m., 5 days a week
*Parents/Caregivers must pick up children promptly at 12p.m.; A fee of \$1.00 a minute will be charged after 12 p.m. pick-up time

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Childs Name: _____

Child's Age: _____

Parent Contact Information

Parent's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Payment Information

I have enclosed a check in the amount of \$ _____ made payable to: UCP of Central Florida

Please charge my credit card in the amount of: \$ _____

Type of card: Visa MasterCard Discover

Name on card: _____

Acct. #: _____ Exp. Date _____

CVV Code _____

Signature: _____

PLEASE MAIL PAYMENT TO:
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