

EXTENDED DAY PROGRAM
Notification of Summer Program
Opening



TO: INTERNAL AUDITING DEPARTMENT

FAX: 217-4191

This is to notify you that _____ Extended Day
(Name of School)
Program will be having a Summer Extended Day Program for the _____ summer.
(Year)

We will be / will not be accepting children registered in other EDP Programs.
(Circle One)

Summer Dates Open: _____

Summer Hours Open: _____

Location within School Building: _____

E.D.P Contact Telephone Number(s): _____

Site Director

Date

Principal

Date

***This form must be received by the Internal Auditing Department by May 15th for schools that will be having a summer program.**