

Tuesday's Child Therapeutic Summer Camp 2012

June 19th – August 24th

For children up to age 7. New clients are required to complete the intake process prior to the start of Summer Camp.
 Must sign up for a minimum of (4) ½ days which must be used within a (4) week period.
 Refunds and/or Substitutions will not be allowed following your registration.

SAVE \$750! Sign up for full time summer camp, **“The Adventure”**: (3) full days and (1) ½ day per week for ten weeks and receive \$750 off. Total Price: \$3,750 (Regularly \$4,380).

SAVE \$250! **Early Bird Special** – Register before April 30th and receive an additional \$250 off your **“The Adventure”** package. Total Price: \$3,500 (Regularly \$3,750).

SAVE \$50/WEEK! Sign up for two or more entire weeks and receive \$50.00 off each week. Total Price: \$400/week (Regularly \$450).

Step 1: Mark the grid below by checking the days/weeks your child will attend and indicate the total for each week.

	TUESDAY		WEDNESDAY		THURSDAY	FRIDAY	TOTAL
	AM 9:00-11:30 \$60	PM 12:30-3:00 \$60	AM 9:00-11:30 \$60	PM 12:30-3:00 \$60	Field Trip 9:00-3:00 \$150	AM 9:00-11:30 \$60	
Week 1 (6/19 – 6/22)							\$
Week 2 (6/26 – 6/29)							\$
Week 3 (7/3 -7/6)			Closed for July 4th				\$
Week 4 (7/10 – 7/13)							\$
Week 5 (7/17 – 7/20)							\$
Week 6 (7/24 – 7/27)							\$
Week 7 (7/31 – 8/3)							\$
Week 8 (8/7 – 8/10)							\$
Week 9 (8/14 – 8/17)							\$
Week 10 (8/21 – 8/24)							\$
The Adventure \$3,750	(3) full days and (1) ½ day per week for ten weeks						\$
	Early Bird Special! - I qualify for an additional discount on The Adventure! (-\$250)						\$
GRAND TOTAL:							\$

Step 2: Complete Your Contact Information

Parent's Name: _____ Phone #: _____

Child's Name: _____ D/O/B: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Step 3: Enclose Your Payment (*Required at the time of Registration*)

_____ My check payable to Tuesday's Child is enclosed. _____ Please charge my:

Visa MC Discover Card Number: _____

Exp Date: _____ Sec. Code (3 digit code on back): _____ Signature: _____

Tuesday's Child reserves the right to provide care to children based on age appropriateness of the activity.

**Return completed form and payment to Tuesday's Child in-person or
 By Mail:** Tuesday's Child, 4028 W. Irving Park Rd., Chicago, IL 60641.
By Fax: (773) 282-5358.
 Any questions, please call Gigi @ (773) 282-5274.