

TMAD'S 2010 SUMMER CAMP PROGRAM
"When I Grow Up....."

Family Name: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Primary (Older 3 – 6 Years)

Child's Name: _____ **Birth Date** _____

_____ **Session I * I Want to Be a Scientist! * June 8- June 18**

Half Day \$250 _____ Full Day \$360 _____

_____ **Session II *I Want to Be a Chef! * June 21-July 2**

Half Day \$250 _____ Full Day \$360 _____

_____ **Session III * I Want to Be a Community Helper! * July 12–July 23**

Half Day \$250 _____ Full Day \$360 _____

_____ **Session IV * I Want to Be a Doctor! * July 25 – August 6**

Half Day \$250 _____ Full Day \$360 _____

_____ **Session V * I Want to Be an Athlete! * August 9 – August 20**

Half Day \$250 _____ Full Day \$360 _____

_____ **5 Session Package (Full Day) - \$1595** _____ **5 Session Package (Half Day) - \$1100**

Extended Care Costs:

#of Sessions for Before Care _____ x \$40 = _____

#of Sessions for After Care _____ x \$100 = _____

TOTAL Cost of Camp and Extended Care: \$ _____

Registration Fee (per family) + 25.00

Deposit Due \$100 per session - \$ _____

Activity Fee \$20 x _____ session = _____

Balance Due (2 weeks prior to session): = \$ _____