



465 Silas Deane Highway 2nd Flr
 Wethersfield, CT 06109
 P: 860-721-9999
 F: 860-721-9903
 advancedtherapysol@att.net

SUPER STAR SUMMER CAMP REGISTRATION

Date: _____

CONTACT INFORMATION

Camper's Name: _____ Date of Birth: _____

Parent/Guardians: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contact: _____

PLEASE SELECT WHICH SESSION(S) YOUR CHILD WILL BE ATTENDING:

Session	Dates	Cost
Week 1	Monday July 2 nd – Friday July 6 th (makeup day Sat July 7 th)	\$380
Week 2	Monday July 9 th – Friday July 13 th	\$380
Week 3	Monday July 16 th -Friday July 20 th	\$380
Week 4	Monday July 23 rd - Friday July 27 th	\$380
Week 5	Monday July 30 th - Friday August 3 rd	\$380
Week 6	Monday August 6 th - Friday August 10 th	\$380
Week 7	Monday August 13 th - Friday August 17 th	\$380
Week 8	Monday August 20 th - Friday August 24 th	\$380

My child will be attending **Week(s)** _____