

# sense of wonder camp

*where bare feet and imaginations run free*

## APPLICATION

### SUMMER DAY CAMP/2017/WEST

Child's Name : \_\_\_\_\_ Age : \_\_\_\_\_

<input checked="" type="checkbox"/>	Session	Dates	Time	Ages	Cost
<input type="checkbox"/>	1	July 18 - 21 ( <i>no camp monday, July 17th</i> )	9:30 - 1:30	6-12	\$ 440.00
<input type="checkbox"/>	2	July 24 - 28	9:30 - 1:30	6-12	\$ 550.00
<input type="checkbox"/>	3	July 31 - August 4	9:30 - 1:30	6-12	\$ 550.00
<input type="checkbox"/>		No Camp ( <i>August 7 - 11</i> )	-----	-----	-----
<input type="checkbox"/>	5	August 15 - 18 ( <i>no camp monday, Aug 14th</i> )	9:30 - 1:30	6-12	\$ 440.00
<input type="checkbox"/>	6	August 21 - 25	9:30 - 1:30	6-12	\$ 550.00
<input type="checkbox"/>	7	August 28 - September 1	9:30 - 1:30	6-12	\$ 550.00

Thank you for your application. We appreciate your interest in Sense of Wonder camp. If space isn't available this summer, tuition checks are returned and your child is added to the wait list. We look forward to seeing you in the near future.

All our best,  
Christopher & Joy

*\*Please take note of our new mailing address on Vashon Island (see below)*

**Please use one form per child**

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Child's Full Name

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Date of Birth

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Age

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School Grade

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Current School

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Home Address

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Name of Parent/Guardian

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Phone Number of Parent/Guardian                      email

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Name of other Parent/Guardian

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Phone Number of other Parent                      email

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Alternate Emergency Contact (if unable to contact parents)

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Phone Number for Alternate Emergency Contact

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Relationship to Child

## Health History

Does your child have any special medical needs? **Yes / No**

*If yes, please explain:*

Does your child have any food allergies and/or dietary restrictions? **Yes / No**

*If yes, please explain:*

Your child may participate in camp activities without physical limitations: **Yes / No**

*If no, specify limits:*

Does your child have unique needs we need to be aware of that may affect his/her participation in the program (e.g. fears, ADD, aspergers, shadow at school, attends play skills class)? **Yes / No**

*If yes, please explain:*

## Tell us a little about your child

If you anticipate your child having difficulty separating, how may we best support her/him?

What are your child's special interests & passions?

How does your child like to be comforted?

Please add anything that you feel is important for us to know concerning your child:

Who referred you to Sense of Wonder? *(if new to camp)*

May we apply sunscreen to your child?   \_\_YES   \_\_NO

May we use photos of your child for our website?   \_\_YES   \_\_NO

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*Please include application, waiver and tuition. Space is limited. Tuition is non-refundable.*

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Make checks payable to :   **Sense of Wonder LLC**

Mail to : *(new Vashon Island address)*

**Christopher Haskins & Joy Horgan**

**P.O. Box 13276**

**Vashon Island, Wa. 98013**

-FedEx and UPS service, please email for physical address.

OFFICE USE ONLY	
child's name :	age :
check # :	amount : \$
registration __ waiver __ tuition __	CONFIRMED __ wait list __