

sense of wonder camp

where bare feet and imaginations run free

APPLICATION

WINTER DAY CAMP | 2017/18 |

Child's Name : _____ Age : _____

<input checked="" type="checkbox"/>	Session	Dates	Time	Ages	Cost
<input type="checkbox"/>	1	December 18 - 22	9:30 - 1:30	7-12	\$ 550.00
<input type="checkbox"/>	2	December 27, 28, 29 (w,th,f)	9:30 - 1:30	7-12	\$ 330.00
<input type="checkbox"/>	3	January 1 - 5	9:30 - 1:30	7-12	\$ 550.00

GIFT MAKING WORKSHOP

		Dates	Time	Ages	Cost
<input type="checkbox"/>	Saturday	December 16th	10:00-3:00	7-14	\$175.00
<input type="checkbox"/>	Sunday	December 17th	10:00-3:00	7-14	\$175.00

Thank you for your application. We appreciate your interest in Sense of Wonder Camp. If space isn't available this winter, 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 use one form per child

Child's Full Name

Date of Birth

Age

School Grade

Current School

Home Address

Name of Parent/Guardian

Phone Number of Parent/Guardian

email

Name of other Parent/Guardian

Phone Number of other Parent

email

Alternate Emergency Contact (if unable to contact parents)

Phone Number for Alternate Emergency Contact

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?

May we apply sunscreen to your child? __YES __NO

May we use photos of your child for our website? __YES __NO

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

Make checks payable to : *Sense of Wonder LLC*

Mail to :

*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 ___