

# sense of wonder camp

*where bare feet and imaginations run free*

## APPLICATION

SPRING DAY CAMP | 2019 |

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

		Dates	Time	Ages	Cost
<input type="checkbox"/>	Session 1	March 25 - 29	9:30 - 1:30	6 - 13	\$575.00
<input type="checkbox"/>	Session 2	April 1 - 5	9:30 - 1:30	6 - 13	\$575.00

Thank you for your application. We appreciate your interest in Sense of Wonder Camp. If space isn't available, 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**

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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?

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

Mailing address :

Christopher Haskins & Joy Horgan  
PO Box 13276  
Vashon Island, Wa. 98013

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