

sense of wonder camp

where bare feet and imaginations run free

APPLICATION

SUMMER DAY CAMP | 2019 | WEST

Child's Name : _____ Age : _____

<input checked="" type="checkbox"/>	Session	Dates	Time	Ages	Cost
<input type="checkbox"/>	1	July 23 - 26 (no camp monday, July 22nd)	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	2	July 29 - August 2	9:30 - 1:30	6-12	\$ 575.00
<input type="checkbox"/>	3	August 5 - 9	9:30 - 1:30	6-12	\$ 575.00
<input type="checkbox"/>	4	August 13 - 16 (no camp monday, Aug 12th)	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	5	August 20 - 23 (no camp monday, Aug 19th) <i>Girls only</i>	9:30 - 1:30	6-12	\$ 460.00
<input type="checkbox"/>	6	August 26 - 30	9:30 - 1:30	6-12	\$ 575.00

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

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

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 __