

sense of wonder camp

where bare feet and imaginations run free



Summer Day Camp | 2023 |

Child's Name : _____ Age : _____

Check sessions you're interested in. If you have flexibility please indicate your first, second, third... choice

✓	Session	Dates	Time	Ages**	Tuition
	1	July 26, 27, 28 <i>(w,th,f)</i>	9:30 - 1:30	6-12	\$390.00
	2	July 31 - August 4	9:30 - 1:30	6-12	\$650.00
	3	August 7 - 11	9:30 - 1:30	6-12	\$650.00
	4	August 14 - 18	9:30 - 1:30	6-12	\$650.00
	5	August 21 - 25	9:30 - 1:30	6-12	\$650.00

*** 5-year-olds and 13-year-olds are welcome to apply*

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 waitlist.

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, a 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

Has your child had the Covid Vaccine? YES NO *(optional)*

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

Tuition :

Please make your check payable to : **S.O.W. Camp LLC**

Mail to :

Christopher Haskins & Joy Horgan
10113 SW Burton Dr.
Vashon Island, Wa. 98070

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

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