

sense of wonder camp

where bare feet and imaginations run free

Summer Day Camp | WEST |

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 - 30	9:30 - 1:30	6-12	\$650
2	August 2 - 6	9:30 - 1:30	6-12	\$650
3	August 9 - 13	9:30 - 1:30	6-12	\$650
4	August 16 - 20	9:30 - 1:30	6-12	\$650

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 :

Tuition can be paid by check, Zelle or Venmo.

Make checks payable to : **S.O.W. Camp LLC** *(*Please note that this is a new LLC)*

Venmo details : **@Christopher-Haskins-5** *(there is a profile picture of us at sleep away camp summer 2019, jumping off a tower into the lake)*

Zelle : email : **wondercamp@gmail.com**

Mail to :

Christopher Haskins & Joy Horgan

PO Box 13276

Vashon Island, Wa. 98013

-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 __