

# sense of wonder camp

*where bare feet and imaginations run free*

## Summer Day Camp | 2022 |

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 27 - 29 <i>[w,th,f]</i>	9:30 - 1:30	6-12	\$390
	2	August 1 - 5	9:30 - 1:30	6-12	\$650
	3	August 8 - 12	9:30 - 1:30	6-12	\$650
	4	August 15 - 19	9:30 - 1:30	6-12	\$650
	5	August 22 - 26	9:30 - 1:30	6-12	\$650

*\*\* 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)*

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

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Tuition :

Tuition can be paid by check or Venmo.

Make checks payable to : **S.O.W. Camp LLC**

Mail to :

**Christopher Haskins & Joy Horgan**

**PO Box 13276**

**Vashon Island, Wa. 98013**

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)*

-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 __