

sense of wonder camp

where bare feet and imaginations run free

APPLICATION

WINTER DAY CAMP | 2024/25 | & Weekend GIFT-MAKING WORKSHOP

Child's Name : _____ Age : _____

Winter Day Camp

	Session	Dates	Time	Ages	Cost
<input type="checkbox"/>	1	December 30 - January 3 (<i>mon-fri</i>)	9:30 - 1:30	5-13	\$ 675.00

Winter Gift-Making Workshops

	Day	Dates	Time	Ages	Cost*
<input type="checkbox"/>	Saturday	November 9, 2024	9:30 - 2:30	6-13	\$225.00
<input type="checkbox"/>	Sunday	November 10, 2024	9:30 - 2:30	6-13	\$225.00
<input type="checkbox"/>	Monday	November 11, 2024	9:30 - 2:30	6-13	\$225.00

**Gift-make workshops only have an additional \$50 - \$100 materials fee added once your camper selects their projects/gifts. Gift choices will be emailed to families two weeks prior to the workshop.*

Thank you for your application, we appreciate your interest in Sense of Wonder Camp. If space isn't available this winter, tuition checks are returned and your child is added to the waitlist. We look forward to seeing you soon.

If your child participated in day camp during the summer of 2024, it is not necessary to fill out the application again for the winter programs.

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, 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 and/or social media? __YES __NO

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

TUITION

Tuition can be paid by Check, Zelle or Venmo.

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

Mail to : *(winter mailing address)*

Christopher Haskins

10113 SW Burton Dr.

Vashon Island, Wa. 98070

Zelle : email : *wondercamp@gmail.com*

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

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