

sense of wonder camp

where bare feet and imaginations run free

Winter Day Camp | 2025/26 |

Child's Name : _____ Age : _____

✓	Session	Dates	Time	Ages**	Tuition
	1	December 29 - January 2	9:30 - 1:30	6-12	\$675.00

Thank you for your application and for your interest in Sense of Wonder Camp. If space is not available this winter your tuition check will be returned and your child will be placed on the waitlist. We look forward to seeing you soon!

If you have any questions please let us know, we're here to help.

All my best,
Christopher

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

At Sense of Wonder Camp, Christopher and Joy deeply value the essential triad of parent, child and educator. We believe that open, ongoing communication helps us provide the most supportive and enriching experience for your child. You're always welcome to reach out via phone or email.

If you're a first-time family, we'd love to get to know you and your child better. Please let us know if you'd like to schedule a phone call to share more about your child's background, interests and needs.

If you're a returning family, we'd love to catch up and hear any updates-whether from home, school, family or community.

- Would you like to schedule a phone call in November or December? **Yes / No**
- If **Yes**, what is your best availability?

If you anticipate your child having difficulty separating, how may we best support her/him?

How does your child like to be comforted?

What are your child's interests, hobbies, and passions?

Is there anything else you'd like us to know that would help us understand and support your child more fully?

Who referred you to Sense of Wonder Camp? *(if new to camp)*

May we apply sunscreen to your child? __YES __NO

May we use photos of your child for our website or social media? __YES __NO

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

TUITION

Tuition can be paid by check, Zelle or Venmo.

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

Mail to :

*Christopher Haskins
10113 SW Burton Dr.
Vashon Island, Wa. 98070*

Tuition :

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

OFFICE USE ONLY			
child's name :		age :	
check # :	amount : \$		
registration ____	waiver ____	tuition ____	CONFIRMED ____ waitlist ____