

sense of wonder camp

where bare feet and imaginations run free

Summer Day Camp | 2026 |

Child's Name : _____ Age : _____

✓	Session	Dates	Time	Ages**	Tuition
	1	July 22, 23, 24 <i>(w,th,f)</i>	9:30 - 1:30	6-12	\$405.00
	2	July 27 - 31	9:30 - 1:30	6-12	\$675.00
	3	August 3 - 7	9:30 - 1:30	6-12	\$675.00
	4	August 10 - 14	9:30 - 1:30	6-12	\$675.00
	5	August 17 - 21	9:30 - 1:30	6-12	\$675.00
	6	August 24 - 28	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 summer, your tuition check will be returned and your child will be placed on the waitlist. We look forward to seeing you soon!

All our best,
Christopher & Joy

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 April ? **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

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

Fed Ex recommended. USPS ok.

Mail to :

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

OFFICE USE ONLY			
child's name :		age :	
check # :	amount : \$		
registration	<input type="checkbox"/>	waiver	<input type="checkbox"/>
tuition	<input type="checkbox"/>	CONFIRMED	<input type="checkbox"/>
		waitlist	<input type="checkbox"/>