

Application for Enrollment

Name of Child

Sex of Child M F

Date Age Birthday

Parent's Names

Mailing Address

Summer Address

Email Address

Phone Number Cell Number

Island Phone h: w:

***Monday-Friday 9:00 AM to 1:00 PM 7-12 years \$320 per week
with the \$40 extra charge for the visiting artist and materials
Financial Aid Available***

July 3- July 7 July 10-14 July 17-21 July 24-28

July 31- Aug 4 Aug 7-11 Aug 14-18

- ▶ **Call by phone 508 693 3142 to confirm the availability of space at camp.**
- ▶ We are asking for a deposit of 50% of the tuition once we have confirmed your enrollment. Cancellations should be made at least one week before enrollment. After the one week date a refund will be made if the space can be filled by another camper.
- ▶ Full tuition must be paid on the first day of camp.
- ▶ Checks should be made payable to Sense of Wonder Creations.