

Application for Enrollment

Name of Child

Gender of Child _____

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

Financial Aid Available

By the week, please check:

- July 1– July 5 July 8–12 July 15–19 July 22–26
 July 29– Aug 2 Aug 5–09 Aug 12–16

- ▶ **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.