

## 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:***

- June 29– July 3     July 6–10     July 13–17     July 20–24  
 July 27– July 31     Aug 3–07     Aug 10–14

- ▶ **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.