

The Sense of Wonder Summer Day
Pamela Stevens Benjamin
PO Box 1558
Vineyard Haven, MA 02568

Summer 2008

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 \$240 per week

By the week, please check:

June 30-July 4

July 7-11

July 14-18

July 21-25

July 28-Aug 1

Aug 4-8

Aug 11-15

- ▶ We are asking for a deposit of 50% of the tuition once we have confirmed your enrollment. This is nonrefundable if the space cannot be filled.
- ▶ Full tuition must be paid on the first day of camp.
- ▶ Checks should be made payable to Sense of Wonder Creations.