

**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 \$250 per week**  
*Financial Aid Available*

***By the week, please check:***

- July 2-6       July 9-13       July 16-20       July 23-27  
 July 30- Aug 3       Aug 6-10       Aug 13-17

- ▶ **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.