

MS. TERRI'S MORNING GARDEN

Registration Form

Child's Name: _____ Date of Birth: _____ Gender: _____

First Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Second Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Emergency Contact: _____ Home Phone: _____ Cell Phone: _____

FAIRY & GNOME SUMMER CAMPS:

Monday-Thursday, 8:30 am-2:00 pm, \$325 per week

Nature's Secrets with the Little People:

June 21-24

July 26-29

Fairies & Gnomes Galore:

June 28 - July 1

August 2-5

August 9-12

Tell me something about your child that will help me make his or her experience fulfilling, fun, and growth inspiring. Please inform me of any health concerns.

I, _____ give Terri Severance permission to administer first aid in case of an emergency.

I, _____ give Terri Severance permission to photograph my child.

Contact Terri Severance at (802) 343-0471 with questions. Email completed form to terri@terrispirit.com.
Your space will be reserved upon receipt of deposit.

Deposit paid _____ Paid in full _____