

# 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, \$300 per week*

#### **Nature's Secrets with the Little People:**

June 15-18

July 12-15

July 27-30

August 10-13

#### **Fairies & Gnomes Galore:**

June 22-25

July 20-24

August 2-6

August 17-20

Register for all 8 weeks for 10% discount.

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.

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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](mailto:terri@terrispirit.com).  
Your space will be reserved upon receipt of deposit.

Deposit paid \_\_\_\_\_ Paid in full \_\_\_\_\_