



Program Registration Form

Child's Name: _____ Age: _____

Parent or guardian's name: _____

Phone (s) _____ email: _____

Address: _____

Name of Program(s)	session A or B	Date(s)	Amount
--------------------	----------------	---------	--------

-------	--	--	--

-------	--	--	--

-------	--	--	--

-------	--	--	--

Sibling discount: \$5 off. Name of sibling _____ Total Amount: _____

Emergency contact information:

Name of contact _____

Cell phone: _____

Parent signature _____

How did you hear about us? _____

___ I give my child permission to touch and interact with animals in a controlled and safe environment and/or participate in some outdoor activities. In the unforeseen circumstance that there is an injury, I hold harmless Chelonia Eco-Associates and Severna Park Community Center.

___ I give permission for my child to appear in photos for Chelonia Eco-Adventures' marketing purposes only such as website and advertisements.

Please list any allergies that your child may have: _____

To reserve your spot, please print this form and send this along with your check to:

Chelonia Eco-Associates:

4 Fetter Lane Severna Park, MD 21146

410-279-5416 www.CheloniaEco-Adventures.com