

***Growing Together:***

***Gardening With Children***

# **For:** Happy Hollow School Students in Grades 2-5

**Location:** Happy Hollow School, Room 6

**Dates*:*** Five Fridays, April 7, 28, May 5, 12, 19, 2017)

# **Time:** 3:00 - 4:30 pm

**Fee:** $85, including materials

## **Instructor:** Ms. Niles with Guest Gardeners

**Minimum/Maximum:** 6/10

**Registration Deadline:** Friday, March 24, 2017

**SNACK INFO: Please send a nut-free snack.**

**Growing Together: Gardening With Children**

What better way to connect children with the natural world than to bring them outside and into the garden? Ms. Niles will guide students in planting, watering, weeding, composting, and illustrating the joys of gardening! Through engaging, garden-related activities, students will:

* Help prepare the soil at Happy Hollow for a long season of productive gardening
* Experience the water cycle/water conservation by making a small terrarium to take home. Practice finding weeds… through a look at desirable vs. undesirable plants
* Compare seeds for various vegetables and flowers (you can learn a lot from a seed!)
* Help to plant the seeds for our school gardens
* Express their appreciation for the Earth through looking at artwork and painting
* Take responsibility for a plant of their choice by taking it home - with instructions

Please fill out the registration form and return with a check for $85 payable to WSCP. In the memo section of your check, write “Gardening Program.” Please send registration form and payment to:

# **Wayland School Community Programs**

### **47 Loker Street**

# **Wayland, MA 01778**

**WSCP Information #: 508-358-8617**

#### Registration Form

***Happy Hollow School Spring 2017*   *Growing Together: Gardening with Children***

**Student Information**

# Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency ContactName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergy Information:**

## *Please list any allergies, including food allergies.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please list any medications taken regularly*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Please Initial Below***

**\_\_\_\_\_** I *agree* to allow my child to be photographed/videotaped during the *Gardening Together: Gardening with Children* classfor possible use in brochures, newspapers, program websites and local cable television.

**\_\_\_\_\_** I *do not agree* to allow my child to be photographed/videotaped duringthe *Gardening Together: Gardening with Children class.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Signature of Parent/Guardian******Date***