

Wilchester Garden Club

Join the Garden Club!

Welcoming all Wilchester students to participate in the Garden Club. Students will be building gardening knowledge and appreciation through hands-on exploration, crafts and garden projects.

Meetings will be held on Fridays - Oct 27th, Dec 8th, Jan 26th, Feb 23rd, and Apr 27th directly after school from **3 - 4:15pm**. Send a change of transportation note with your children on garden club days and we will meet the kids in the **ROTUNDA** after school at 3pm and escort them to the flex room for the club meeting.

Fee: \$35/ child (covers all 5 classes and includes a Wilchester Garden Club t-shirt)

Payment: Cash or Check written to Katie Fleming

Please drop off/mail registration form & pymt to Katie Fleming's home: 13819 Myrtlea, Houston TX 77079

For questions or more information contact: **Katie Fleming** keversmyeyer@gmail.com Cell: 281-384-8014
Sarah Bernadac sarah.bernadac@gmail.com Cell: 832-525-8550

Registration/Permission Forms Due Friday, Sept 29 to Katie Fleming

The club will be **capped to a limited number students** this year therefore please get your registration information in early to ensure that a spot is still available for your child(ren).

Club spots will be available on a first come first serve basis.

Please PRINT information. If more than one child please use one form per family:

FAMILY LAST NAME _____

F. Name _____ Grade - HR Teacher: ____--_____ B-day___/___/___ T-Shirt Size YS, YM, YL, Ad. S **Allergy:** Y/N _____

F. Name _____ Grade - HR Teacher: ____--_____ B-day___/___/___ T-Shirt Size YS, YM, YL, Ad. S **Allergy:** Y/N _____

F. Name _____ Grade - HR Teacher: ____--_____ B-day___/___/___ T-Shirt Size YS, YM, YL, Ad. S **Allergy:** Y/N _____

F. Name _____ Grade - HR Teacher: ____--_____ B-day___/___/___ T-Shirt Size YS, YM, YL, Ad. S **Allergy:** Y/N _____

Name of Parents/Guardians _____

Phone _____ Email _____

Street Address _____ City, Houston, TX Zip _____

Please **CHECK** if you are willing and available to **volunteer** during a meeting

Individuals Authorized for Pick-Up - We will only allow your child to be picked up by an authorized adult. Authorized adults include parents and emergency contacts you listed and any additional adults you entered below.

Name / Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Emergency Contacts

Name / Relationship _____ Phone _____

Name / Relationship _____ Phone _____

Physician _____ **Phone** _____

Hospital of choice _____

My child/children, _____, have my permission to attend Garden Club meetings and activities at Wilchester Elementary for 2016-2017. I agree to release all Garden Club leaders from liability and to hold all Garden Club leaders harmless from any and all claims for injuries or other damages resulting from transportation to or participation in Garden Club activities. Should it become necessary and I cannot be reached, I give my permission for my child/children to be treated by a licensed physician and agree to be financially responsible for all expenses associated with providing medical care for my child.

Signature of parent or guardian

Date