

Wilchester Garden Club

Join Today!

Wilchester students are invited to participate in the garden club, building their knowledge and appreciation through hands-on exploration and garden projects.

Each class will have a outdoor lesson, food station, and nature-based craft!

Projects will be developed by our very own Garden Day teacher: Stephanie Baker!!!

Meetings held on the following **Mondays**: Nov 12, Jan 28, Feb 25, Mar 25, Apr 22, May 20

Time is directly after school: **3:00-4:30pm** (Please provide change of transportation forms)

Meeting location: **Wilchester Rotunda** (We will bring the children to the flex room)

Cost: **\$45 per child** (due before Nov 5th), (covers classes, food, plus a Garden Club T-Shirt!)

Please drop forms with cash/check written to: Nathalie Herpin, **13927 St. Marys Lane**

For more info or any questions, please call 713-857-6983 or email Nathalie.herpin@gmail.com

Please **print** the following information, one form per family:

Child Last Name: _____ First: _____

Grade: _____ Homeroom: _____ DOB: _____ T-Shirt Size: YS YM YL AS

Allergies: _____ (please note if no allergy)

Child Last Name: _____ First: _____

Grade: _____ Homeroom: _____ DOB: _____ T-Shirt Size: YS YM YL AS

Allergies: _____ (please note if no allergy)

Child Last Name: _____ First: _____

Grade: _____ Homeroom: _____ DOB: _____ T-Shirt Size: YS YM YL AS

Allergies: _____ (please note if no allergy)

Parent/Guardian:

Full Name: _____ Email: _____

Address: _____ Phone: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____ Hospital of choice: _____

Pick-up Policy: We will only release children to a parent/guardian or emergency contact. If you would like to authorize additional adults, please list here:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

My child/children _____, have my permission to attend Garden Club meetings and activities at Wilchester Elementary for the 2018-2019 school year. I agree to release 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 no guardian nor emergency contact be reachable, I give my permission for treatment by a licensed physician and agree to be financially responsible for all expenses associated with providing medical care for my child.

Parent Signature: _____ **Date:** _____