



***Let’s Make it Grow: After-School Gardening***



Target Group: Claypit Hill School Students in Grades 2-5

Location: Claypit Hill School Organic Garden

Dates*:* Wednesdays(Sept. 28, Oct. 5, 19, 26, Nov. 2

Time: 1:50 – 3:30 pm (rain or shine)

Enrollment: Minimum, 6; Maximum 8

Instructor: Ms. Coady, retired CH Grade Two Teacher

***Snack Info: Please send a nut-free snack.***

**Let’s Make it Grow: After-School Gardening**

Come ready to garden and to learn! We’ll plant vegetables, collect seeds, do lots of digging and weeding, look for worms and other signs of healthy soil, paint signs for the garden, pick raspberries, blueberries, strawberries, and fall vegetables.

**Registration**

If your child wants to join, please fill out the registration form and return with a $100 check payable to WSCP. In the memo section of your check, write “CH Gardening Program.” Please send registration form and payment to address below.

**DEADLINE:** Please register as soon as possible; need minimum of 6 participants.

Program Info: [Deane\_Coady@wayland.k12.ma.us](mailto:Deane_Coady@wayland.k12.ma.us) Registration Info: Rosemarie\_Teti@wayland.k12.ma.us

**Wayland School Community Programs**

**47 Loker Street**

**Wayland, MA 01778**

**WSCP Registration**

**Claypit Hill School Fall 2016 Gardening**

**Student Information:**

Child’s Name:

Grade:

Classroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone Number:

Home Phone Number:

Email Address:

Emergency Contact Name:

Cell Phone Number:

Home Phone Number:

**Allergy Information:**

*Please list any allergies, including food allergies*:

*Please list any medications taken regularly*:

***Snack Info: Please send a nut-free snack.***

***Please Initial Below:***

I *agree* to allow my child to be photographed/videotaped during *the after-school gardening class* for possible use in brochures, newspapers, program websites and local cable television.

I *do not agree* to allow my child to be photographed/videotaped during *the after-school gardening class*

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

***Registration: Send this completed form with $100 check payable to WSCP (CH Gardening in memo) to: WSCP, Loker School, 47 Loker Street, Wayland, MA 01778***