



Felege Hiywot Center
 "Looking for Direction
 to Life"

Truly I say to you, as you did it to one of the least of these my Brethren; you did it to me.
 Matthew 25:40

1648 Sheldon St.

Indianapolis IN 46218

www.Felegehiywot.org
 e-mail Info@felegehiywot.org
 (317) 545-2245

FREE
2011 Summer Gardening Camp Registration
Dates: June 11 – July 29

A maximum of thirty (30) students will be allowed for each session.

Tuesdays	Wednesdays	Thursdays	Fridays
5 th and 6 th grades	7 th and 8 th grades	3 rd and 4 th grades	Pre-K through 2 nd grade
9:30 – 11:30AM	Dates: June 15 – July 13 Full - 9:00 AM - 3:00 PM	9:30 – 11:30AM	9:30 – 11:30AM
1 – 3:00 PM	No Openings	1 – 3:00 PM	1 – 3:00 PM

Each session will include a variety of gardening related learning opportunities. Examples include: science and literature in the garden, health and nutrition, environment, insects, math, financial literacy, gardening and other age appropriate topics.

PERMISSION FOR AFTER SCHOOL/SUMMER CAMP PROGRAMS

STUDENTS FULL NAME: _____ **RACE** _____

GRADE the student will be attending in the upcoming school year: _____

List ALL the student's food allergies: _____

SESSION DESIRED: WEEKDAY _____ **TIME (AM* or PM)** _____

To be accepted into the **morning program, your student **must** attend a minimum of 6 out of 8 sessions.*

I understand that reasonable precautions will be taken to safeguard my child on these gardening camp activities as are taken in all other activities, and I will not hold Felege Hiywot center, or any of their employees/volunteers responsible for any accident or loss which might occur.

I hereby give permission for my child to participate in this gardening program.

No transportation will be provided, however, if you child is attending a day care, the day care might be able to transport your child/children to and from camp.

Child lives with (Check One): Both Parents Mother Father Grandparent

Parent/Guardian Printed Full Name: _____

Parent/Guardian Printed Address: _____

Parent/Guardian Phone Number(s): _____

Emergency Contact Printed Name & Phone Number(s): _____

Parent/Guardian e-mail: _____

I grant to the Felege Hiywot Center's representatives and employees the right to take photographs or videos of my children in connection with the above subject. The Felege Hiywot Center may copyright, use, and publish such images in print and/or electronically without issuing payment or other compensation to me. I also agree the Felege Hiywot Center may use these images with or without my children's names and for any lawful purpose, such as for as publicity, illustrations, advertisements, and web content.

Signature of Parent or Guardian: _____ **Date** _____

Please return the signed application by mailing to the center, dropping it off at the center or giving it to the day care your child will be attending for the summer.