

Kid's Garden Club

- 9:30am to 11:00am, Thursday mornings beginning June 19th (10 weeks duration)
- \$3 per youth per session or \$25 per youth for all 10 sessions
RBG Friend-Members \$20 per youth for all 10 sessions
- Emphasis on gardening, nutrition and physical activity in the garden.
- Call (608) 752-3885x20
- Please make checks payable to ROTARY BOTANICAL GARDENS
- Mail payment and registration to RBG, 1455 Palmer Drive, Janesville, WI 53545
- This program is offered in conjunction with Rock County UW-Extension.

ROCK COUNTY COMMUNITY GARDEN PROGRAM

Enrollment Form & Permission Slip

Garden Location: **Rotary Botanical Garden—Children's Garden Program**

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: M F Birthday: ____ / ____ / ____ Age _____

Phone #: _____ E-Mail: _____

Grade: _____ School: _____

Membership Status (circle one): New Member Returning Member

Ethnicity (circle one): Hispanic Non Hispanic

Race (circle one): White Black Alaskan/American Indian Asian Other

Residence (circle one): Farm Rural Under 10,000 Town 10,000-50,000 Suburb Over 50,000 City Over 50,000

I give permission for my son/daughter to participate in the Rock County Community Garden Program. They will be introduced to the basic concepts of gardening, the environment and other horticulture related information and activities.

I grant permission to the University of Wisconsin-Extension and the affiliated garden partner to use my photo and comments in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time. I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) _____, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

Name of Garden Site: _____

Leader Signature: _____ Date: _____

I want the UW-Extension Office to be aware of the following disability or allergies: _____

*For more information about the **ROCK COUNTY COMMUNITY GARDEN PROGRAM** please visit <http://rock.uwex.edu>*



"An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX and American with Disabilities (ADA) requirements. Please make requests for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service or activity."

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