



Spring Gardening Club

Dear PCS families;

We are excited to offer Gardening Club! Students who join the Gardening Club will learn about how things grow and practice planting skills. Students will learn strategies, build their ability to understand what plants need to grow, work as a team, and build social skills.

The Gardening Club will be run by Mrs. Patel for 1st and 2nd graders only. There will be 6 sessions. Due to the limited materials and space available, the Gardening Club will be limited to 10 students. If more than 10 students are interested, participants will be selected through a random lottery. *ONLY participants who have been chosen from the lottery will be able to participate in the Gardening Club.* If your child's name was drawn from the raffle, you will be notified of their enrollment by April 6th via email. **Only students who have been selected from the raffle will be notified with an email of their selection in The Gardening Club. **Please note, if we are able to obtain a parent volunteer, we will be able to invite more students into the club.**

Gardening Club will meet each Tuesday after school until 4:30 PM. Parents will be responsible for transportation. All participants must commit to attending all 6 weeks of the session. The club will not run on half days.

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| Week 1 | April 18th |
| Week 2 | April 25th |
| Week 3 | May 2nd |
| Week 4 | May 9th |
| Week 5 | May 16th |
| Week 6 | May 23rd |

Please feel free to contact Mrs. Patel (patelm@plymouth.k12.ct.us) with any questions. If your child is interested in being a participant, and you are able to commit to the dates and times of the session, complete and return the permission slip to their classroom teacher by Friday, March 31st.



Gardening Club

I give permission for my son/daughter to participate in the six day session of The Gardening Club. My child will be in attendance every day of the session and I will provide transportation for my child to be picked up at 4:30.

Student's Name: _____

Grade: _____ **Classroom Teacher:** _____

Parent's Name (Please Print): _____

Parent's Signature: _____

Parent's Phone Number: _____

Parent's Email (please write email address in clear print): _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please check yes if you are interesting in volunteering:

- Yes, I am interested in volunteering to assist for the 6 days of Gardening Club**

Parent Name: _____

Contact Email: _____