



Student information:

Name _____

Gender (*circle one*) Male or Female

District & School Name _____

Current Grade _____ Age _____

Parent or Guardian information:

Name _____

Relationship to student

Home Phone and Cell

E-mail

Emergency contact:

Name _____

Daytime phone number

E-mail:



Student Name: _____

Student should briefly answer all 5 questions:

Does your school or community currently have a garden? (not required to attend)

Why are you interested in gardening? Provide 1 to 2 sentences to explain.

Do you plan to start a container garden as a classroom project, school-wide project or community project? Provide 1 to 2 sentences to explain.

Are you interested in learning more about gardening after this workshop?

If yes, what is the best way to contact you?

Email: _____

Will your parent or teacher attend this workshop with you?

Parent Name: _____

_____ Yes, I am able to attend (please initial your name).

(Have your teacher fill-in this section)

Teacher Name: _____

_____ Yes, I am able to attend (please initial your name).

District & School Name: _____

Daytime Phone number: _____

Email: _____

Classroom Subject: _____



Parent Reminders and Signature:

Students must be accompanied by a parent or teacher for the entire workshop.

Students must have their own transportation to and from the workshop.

Student must wear appropriate clothing to work in the garden (tennis shoes, jeans and t-shirt).

A volunteer photographer will take pictures with parent consent only. No cameras please.

Lunch will be provided.

Workshop will end at exactly 12:30pm. Please make arrangements.

Student Name:

Parent Permission to Participate

Signature: _____ Date _____

Application Deadline is April 9, 2010

Applications can be mailed, emailed, faxed or scanned.

Mail or fax to:
Jacob Vasquez
PO Box 874
Helotes, TX 78023

Fax- 210-451-9429
Email or scan to Liset.lealvasquez@healthiergeneration.org

Consent and Release Form attached for permission to take pictures (optional).