



Edwards Elementary Sowing Seeds Summer Camp

Enroll your child in a summer day camp full of discovery, adventure, and exploration. Sessions include fun and educational activities at the Edwards Elementary School outdoor garden. Under the instruction of Sandy Story, Sowing Seeds Director, children will be immersed in the natural world through games, experiments, crafts, and gardening.

Who: Children ages 7 – 11

When: **Session #1** June 27 – June 29 (8:00 am – 2:00 pm)
Session #2 August 15 – August 17 (8:00 am – 2:00 pm)

Where: Edwards Elementary School Garden in Edwards

How much: \$150; checks may be payable to VVF Education/Sowing Seeds

How to register: Complete the registration form and mail with payment to:
VVF/Education – Sowing Seeds, PO Box 309, Vail CO 81658.

Other information: Sessions will be filled on a first-come, first-serve basis. The maximum number of students is 12.

Session Descriptions

Day 1: Ready, Set, Garden

Use plants and recycled materials to create works of art. Build a fairy house. Explore traditional materials and methods used by early settlers and first people. Learn the lore and medicinal uses of common and native plants. Create beautiful chimes. Work and move about the greenhouse and garden. Create a naturalist's journal to keep recipes and memories.

Day 2: Mad Garden Science

Discover the magic of compost and thermophilic bacteria. Build a mini worm bin and take it home. Explore how all the things in the garden work together. Since we use water every day, let's learn about where our water comes from and the different forms water can take. We will: make water, pull water out of thin air, build your own rain gauge, clean dirty water, make water grow and be a water detective and of course play in water!

Nature Academy

Build a bird feeder and mix your own seed blend to attract specific bird species, or build a bat house and try to lure this useful mammal to your home. Press Flowers. Tie-dye t-shirts with our very own vegetable dyes.

Day 3: Grow it! Cook it with a Chef!

Work the soil, grind the corn. Harvest the salad for lunch, graze on strawberries, make salsa and eat together. Plant your very own lettuce box. Learn and create simple gardening projects and delicious recipes. This day we will have a special visit from a local Chef to help us get cooking!

Flowers and Herbs!

Make lavender soap and sachets from herbs grown in the garden. Harvest from the garden or greenhouse. Learn about hydroponic gardening and make your own unit to take home. Work in the garden and prepare for new plantings.



Sowing Seeds Summer Camp Registration Form

Please return completed parent/guardian consent form with a check in the amount of \$150 payable to VVF Education – Sowing Seeds to:

Vail Valley Foundation – Education Department
PO Box 309
Vail, CO 81658

Students must bring a lunch and water will be provided. It is recommended that students also bring sunscreen and sunglasses.

I hereby authorize that my child, _____, may participate in the Sowing Seeds Summer Camp at Edwards Elementary School outdoor garden in Edwards. I further authorize the making and use of any films or other recording of these activities for any purpose that Sowing Seeds may make or authorize to be made without compensation to me or to my child.

I understand that my child will be under the supervision of Sowing Seeds Director, Sandy Story, and appointees. I understand that Sowing Seeds does not guarantee against the possibility of accident or illness involving my child. I hereby waive any claim that might be made against Sowing Seeds, its officers, employees and agents in connection with any injury or illness my child may incur not involving gross negligence of Sowing Seeds.

Strike through the sentence below if you do not agree to the authorization provided.

In the event that any serious injury or illness should occur involving my child, I wish Sowing Seeds to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate by the attending physician for my child.

I affirm that I have the authority to sign this consent.

Signature of parent or guardian

Print name of parent or guardian

Email address

Phone #

Alt. Phone #

PLEASE CIRCLE ONE SESSION

SESSION #1

SESSION #2