



## Join the Sunnyside Master Gardener **2025 Youth Master Gardener Program**

Plant and harvest your own vegetables and flowers while learning about plants, soil, vegetables, fruits, flowers, insects, wildlife & ecology, and much, much more...

**Who:** Children who have **completed** 2<sup>nd</sup> grade to age 12

**Where:** Georgetown Optimist Club, 8260 State Road 64, Georgetown, IN

**When:** Classes meet **Mondays** from **9 am** until **noon**  
**June 2, 9, 16, 23, 30 and July 7, 14**  
**plus, an early Planting Day, Saturday May 10th, 10am to noon**  
since the gardens need to be planted before classes start.  
You will be contacted if a rain date is necessary.  
Sunnyside Master Gardeners will be available to assist each child.

**Cost:** Application fee- **\$35**- includes all supplies, plants and materials for program.

**Application deadline is April 12, 2025.**  
*However, class size is limited, with applications accepted on a first-received, first-enrolled basis, so don't delay.*

**How to apply:** Complete the **two-page application form**  
Include **the \$35 fee (per child) payable to: Sunnyside Master Gardeners**  
Mail to the address below by April 12, 2025:  
**SMG Youth Master Gardener Program**  
**c/o Kathy Strecker**  
**603 Hebron Church Rd**  
**Henryville, IN 47126-8752**

Contact Kathy Strecker via email at [sunnysidemg.youthgarden@gmail.com](mailto:sunnysidemg.youthgarden@gmail.com)  
or by text or phone at (502) 593-6027  
with questions about the program

**Complete the following 2 pages and keep this page for your reference**



## 2025 Youth Master Gardener Program Application – page 1 of 2

[please print]

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

School Attended \_\_\_\_\_ Grade in fall 2025 \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Notification of Allergy/Medical Issues:** Many of the weekly presentations involve tasting fruits, nuts, herbs and vegetables in order to increase awareness and solidify the lesson of the day. Please indicate below if your child has any food allergies or sensitivities. If there are any other medical issues of which Sunnyside Master Gardeners need to be aware, please advise us of those here as well.

Please list (be specific):

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### 2025 Youth Master Gardener Program Liability Release Statement

I understand that participating in gardening activities can involve certain risks to my child. On behalf of my child, I accept those risks. I hereby release and discharge Purdue University, the Trustees of Purdue University, the Floyd County Commissioners, the Floyd County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employers, and volunteers, including Sunnyside Master Gardeners ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, including death, arising out of my child's participation in any activity related to the Youth Master Gardener Program.

I(we) understand, agree to abide by, follow, and comply with the rules, policies, and expectations for the Youth Master Gardener Program and will conduct myself(ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I(we) understand that failing to do so will constitute grounds for sanctions and/or dismissal for the participant from the program.

X \_\_\_\_\_

Parent/Guardian **Signature** (required)

Date

**Print** Parent/Guardian Name \_\_\_\_\_



## 2025 Youth Master Gardener Program Application – page 2 of 2

Child's name \_\_\_\_\_

### Drop-Off and Pick Up

Children will need to be delivered to the Georgetown Optimist Club **no later than 8:55 AM** each Monday morning when the Program is in session so that class may begin promptly at 9 AM. **Pick up is at noon** of the same day. In order to assure that Sunnyside Master Gardeners is aware of your wishes with regard to pick up, please list below the name and relationship to the child of each person who is allowed to pick up your child/children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Summer Daytime Phone Number(s) (for class days):

[We MUST be able to contact you during class time]

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

### 2025 Photo Release Permission

During the Youth Master Gardener Program, we will be taking photographs of the children at work in the garden and participating in the instructional programs. Some photos may be used on social media or other forms of promotion. Occasionally the newspaper may run an article on the Program and ask to use photos taken by them or by us. To this end, we require your consent and signature so that we know we have your permission to use the photos in advertising and promoting the program. The student's name is never used.

X \_\_\_\_\_

Signature of Parent/Guardian

Date

**SMG Use Only** Postmark Date: \_\_\_\_ / \_\_\_\_ check # & amount