



# GROWING GARDENERS

*Students will learn about planting and caring for various vegetables, herbs, and flowers; explore native plants; study birds, bees, and butterflies; and enjoy scavenger hunts and farm days at Gillen Farm in Kersey.*

**EVERY WEDNESDAY JUNE 4-AUGUST 13, 2025**

- ✓ 9-11 am
- ✓ Students entering grades 3-4
- ✓ St. Marys Catholic Elementary School Community Garden
- ✓ \$50/student

 [www.eccss.org/summercamps/](http://www.eccss.org/summercamps/)





# *Elk County Catholic School System*

## **Growing Gardeners Summer Camp**

Participants will learn about planting and caring for various vegetables, herbs, and flowers; explore native plants; study birds, bees, and butterflies; and enjoy scavenger hunts and farm days at Gillen Farm in Kersey. Camp will be held indoors pending inclement weather. Camp is limited to 30 students.

**Age:** Students entering grades 3-4

**When:** Every Wednesday June 4-August 13, 2025 | 9-11 am

**Where:** St. Marys Catholic Elementary School-Community Garden

**Cost:** \$50/student

**Directors:** Mrs. Diane Gillen & Mrs. Lynn Hoffman

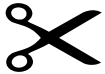
**How can I sign up?** Fill out the form below and return to SMCES by **5/30/25**. Keep the top portion.

**Checks payable to: Elk County Catholic School System**

**Attn. Gardening Summer Camp**

**114 Queens Road | St. Marys, PA 15857**

**Questions contact: Diane Gillen @ 814-512-6385**



Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: (Print) \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

I authorize parental permission for the use of name, likeness, photographic, and/or video image of my child on ECCSS's website, Facebook, Instagram, and local newspapers.

I, \_\_\_\_\_, agree that \_\_\_\_\_ has my consent to participate in the Elk County Catholic School System's Growing Gardeners Camp. I understand that Elk County Catholic School System will not assume any responsibility for accidental injury, medical, or other expenses incurred by injury during his/her attendance at the Growing Gardeners Camp. I hereby authorize the ECCSS Growing Gardeners Camp directors to act for me according to their best judgment in any emergency situation requiring medical attention.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_