

# NYBG

## CHILDREN'S GARDENING PROGRAM

### REGISTRATION FORM

Please photocopy to register additional children. Fax or Mail completed forms and payment to the attention of the Children's Gardening Program at: 718.220.6504 or New York Botanical Garden, 2900 Southern Boulevard, Bronx, NY 10458

CHILD'S NAME

AGE

BIRTH DATE

MALE OR FEMALE

Circle selections and add appropriate fees.

Garden Sprouts (ages 3–5)			Garden Crafters (ages 6–12)	
Season	Section	Fee	Season	Fee
Winter	A		Winter	
Spring	B C D		Spring	
Summer	E F G		Summer	
Fall	H I J		Fall	

	Sub-Total	
Less 10% if enrolled in two or more sessions		
Total Amount Due		

All campers receive a free commemorative t-shirt!

T-shirt Size XS S M L XL

PARTNER PREFERENCE (FOR GARDEN CRAFTERS ONLY)

PARENT OR GUARDIAN NAME(S) (CIRCLE ONE)

ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS (REQUIRED)

HOME PHONE

OTHER DAYTIME PHONE

ARE YOU A GARDEN MEMBER? Y/N

GARDEN MEMBERSHIP NUMBER

PAYMENT: ☐ CHECK ☐ MONEY ORDER ☐ MASTERCARD ☐ AMEX ☐ VISA

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

- ☐ Child has medical or other concern that we should know about.  
☐ Send a Children's Gardening Program scholarship application. (Completed registration form enclosed without payment)  
How did you hear about us?  
☐ Mail ☐ E-mail ☐ Brochure ☐ Friend ☐ Other \_\_\_\_\_

NEW YORK BOTANICAL GARDEN