



# Lucy Maud Montgomery Children's Garden of the Senses

## *Booking Form for Children's Garden Programs*

Please complete this form to book a Garden Program for your group. We will contact you to confirm your booking and to answer any questions you may have. We look forward to seeing you!

**PLEASE SAVE THIS FORM ON YOUR COMPUTER** first (it will not save automatically), complete the form and save, and then email it to us at: [info@gardenofthesenses.com](mailto:info@gardenofthesenses.com)

Garden Programs are offered in **late May, June, July, August** and **September** when the garden is at its best.

Garden Programs are **1.5 hours** in duration, Monday to Friday

Garden Programs are scheduled in the **morning 10:00-11:30 am** or in the **afternoon Noon-1:30 pm**.

On-site amenities: Portable Toilets, Picnic Tables. Free access to Willow Park Ecology Centre.

No drinking water.

### **ORGANIZATION/SCHOOL INFORMATION**

Contact First Name: \_\_\_\_\_

Contact Last Name: \_\_\_\_\_

Organization/School Name: \_\_\_\_\_

Organization/School Address: \_\_\_\_\_

# and Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Number (for day of trip): \_\_\_\_\_

Email Address: \_\_\_\_\_

**AGE**

Pre-School/Day Care \_\_\_\_\_ JK/SK \_\_\_\_\_  
Grade 1 \_\_\_\_\_ Grade 2 \_\_\_\_\_ Grade 3 \_\_\_\_\_ Other Grade (Indicate) \_\_\_\_\_

Summer Camp - Age of Participants \_\_\_\_\_

Other Group - Age of Participants \_\_\_\_\_

Please tell us about your group and if there are any particular activities you would like to have incorporated in our Garden Program for you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COST**

Total # Participants \_\_\_\_\_

\$6.00 per participant for the **Garden Explorers Program** with a **minimum group charge of \$120.00 per group.**

\$7.00 per participant for the **Design and Plant a Garden Program** and/or the **All Food Begins with a Plant Program** with a **minimum group charge of \$140.00 per group.**

**Maximum 29 participants in one group\*. 30+ participants will be divided into two or more groups.**

\* For groups with special needs, a maximum group size of 12 is recommended.

There is no charge for teachers, assistants, parents, volunteers, and special needs assistants for children with special needs.

**DATES and TIMES**

**Dates**

Please provide us with one or more dates (or the month) when you would like to book a Garden Program. We will contact you about availability or alternative options.

**Times**

Please select either morning or afternoon (for the dates or month you have selected) when you would like to book your Garden Program. Please also indicate which of the 3 Garden Programs you would like to book for the selected time slot.

1. Date/Month \_\_\_\_\_

Morning 10:00-11:30 am

# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program

Afternoon Noon-1:30 pm

# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program

Other - please contact us \_\_\_\_\_

2. Date/Month \_\_\_\_\_  
Morning 10:00-11:30 am  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Afternoon Noon-1:30 pm  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Other - please contact us \_\_\_\_\_

3. Date/Month \_\_\_\_\_  
Morning 10:00-11:30 am  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Afternoon Noon-1:30 pm  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Other - please contact us \_\_\_\_\_

4. Date/Month \_\_\_\_\_  
Morning 10:00-11:30 am  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Afternoon Noon-1:30 pm  
# Participants \_\_\_\_\_ # Groups \_\_\_\_\_ Garden Program  
Other - please contact us \_\_\_\_\_

**NOTE: In order to ensure the safety of our visitors and provide the best quality programs, we must limit our capacity to a maximum of 3 groups at one time.**

**WILL YOU ARRIVE EARLIER or STAY LONGER?**

Will your group arrive *earlier* (Yes/No) \_\_\_\_\_ or *stay longer* (Yes/No) \_\_\_\_\_ than your Garden Program to visit Willow Park Ecology Centre (Yes/No) \_\_\_\_\_, or to have lunch in the Garden (Yes/No) \_\_\_\_\_?

(Note: We don't provide food/refreshments/water and we ask visitors to make their lunches as litter-less as possible.)

**ALLERGIES**

Please tell us about any participant allergies we should be aware of (e.g. eggs, nuts, sesame seeds)

\_\_\_\_\_  
\_\_\_\_\_

## **SPECIAL NEEDS**

Learning challenges

Behavioural challenges

Physical challenges

Other challenges

Please tell us about any special needs/considerations we should be aware of to ensure all participants have an enjoyable experience.

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## **PAYMENT**

Payment by **Cheque** or **Electronic Funds Transfer (EFT)** on the day of the program. Amounts are due in full.

Please make cheques payable to: ***Norval Community Association***.

If you wish to pay via EFT, please contact us at least 2 weeks prior to day of program and we will provide you with our banking information.

A receipt will be emailed to you once payment has been received.

**There are no refunds, discounts or cancellations.** Rain or shine.

## **INCLEMENT WEATHER**

Garden Programs run as scheduled, rain or shine. If a scheduled Garden Program needs to be rescheduled or cancelled due to *extreme* temperatures (warmer than 32° C or 90° F)

or thunderstorms, Norval Community Association staff will call the visiting organization/school the day before (where possible) or the morning of the program. Otherwise, there are no cancellations.