

# Afternoon Adventures

**Join us in our 400-acre outdoor classroom as we explore and learn about the natural world, ask questions, and make connections.**

Afternoon Adventures is a science education program designed for children who enjoy hands-on learning and outdoor adventure. Each small class of students (maximum of 12 students) engages in cooperative, inquiry-based learning, guided by professionally trained educators. The majority of our program takes place outdoors; taking advantage of the many habitats at Hoover Forest Preserve throughout the seasons. Children develop a strong sense of their place in the natural world and a sense of belonging to both Hoover Forest Preserve and their community.

## **Additional Information:**

**Grades Pre-K - K will meet Thursdays afternoons from 1:00-4:00 pm**

(8 Thursdays from September 16– November 4)

**Cost: \$240 for a 8 week session**

**Location: Hoover Forest Preserve**

**\*See back of sheet for program dates and program themes**

**Questions? Please contact Stefanie at [swiencke@co.kendall.il.us](mailto:swiencke@co.kendall.il.us) or 630-229-4828**



<b>Program Dates</b>	<b>Themes</b>
<b>Pre-K - K</b>	
<b>September 16</b>	<b>Fall Festival</b>
<b>September 23</b>	<b>Creek Creatures</b>
<b>September 30</b>	<b>Prairie Party</b>
<b>October 7</b>	<b>Wonderful Weather</b>
<b>October 14</b>	<b>Who Built that Bird Nest?</b>
<b>October 21</b>	<b>Silly Squirrels</b>
<b>October 28</b>	<b>Beautiful Bats</b>
<b>November 4</b>	<b>Survival Skills</b>

# *Kendall County Forest Preserve District*

## *Afternoon Adventures*

### **Participant Information**

Name of Program:	Afternoon Adventures- Fall 2021		
Sessions:	Thursdays Dates (September 16-November 4)		
Child's name:			
Age:		Current Grade Level:	
Parent/Guardian Name:			
Address:			
City:		State:	ZIP:
Cell Phone:		Alternate Phone:	
Email Address:			

Your signature below indicates that you have read and agree to the following, and that your child has your permission to attend this program:

1. I have been informed of the details of this program.
2. My child has my permission to participate in this supervised program.
3. I understand that my child will be under the instructor's, or other authorized personnel's supervision at all times. I agree to instruct my child to obey all rules, regulations, and instructions given by instructors and/or authorized personnel. I further agree that no teacher or other authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.
4. I authorize the instructors or other authorized personnel, acting in my place, as parent, to give consent to any hospital or physician to provide my child with whatever examination, treatment, hospitalization, medical or surgical care that may be needed in the event that an injury or illness may occur to my child while attending the program.
5. All staff have been trained and certified in emergency epinephrine procedure. Staff members carry generic epinephrine pens in their backpacks in case of first-time severe allergy response resulting in signs of anaphylaxis. Please indicate below if you want your child to receive epinephrine from forest preserve staff should they present signs of anaphylaxis.  

**Yes, I authorize forest preserve staff to administer epinephrine should my child present signs of anaphylaxis.**
6. I consent to the KCFPD's use of photographs and recordings for educational, promotional or publicity purposes and agree that these photographs and recordings may be displayed during presentations or published in mass media publications, newspapers, social media promotions, or websites.

Signature:		Date:	
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## Payment Information & Mailing Instructions

Child's  
Name:

Name of Program:

Fee:

Payment Option (check one):

Cash (In person drop-off only)

Check (Make payable to The Kendall County Forest Preserve District)

Credit card (Fill out information below)

Credit Card Information (2.5% processing fee applied)

Name on Card:

Billing  
Address:

City:

State:

ZIP:

Card Type (circle one): Visa    Master Card    Discover Card

Card  
Number:

Security Code:

Expiration Date:

I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed registration form, payment form, health form, and payment to Kendall County Forest Preserve District, Attn: Afternoon Adventures 110 W. Madison St., Yorkville, IL 60560  
or email forms to Stefanie at [swiencke@co.kendall.il.us](mailto:swiencke@co.kendall.il.us)

Program letters regarding the program you are registered for will be sent 1 week prior to the first day of the program. If you have any other questions or need assistance with your registration, please contact Stefanie Wiencke, Natural Beginnings Early Learning Program Manager, at 630-229-4828 or email [swiencke@co.kendall.il.us](mailto:swiencke@co.kendall.il.us) Thank you!

### Office Use Only:

Forms rec'd: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Initials: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_



# HEALTH FORM (TO BE FILLED OUT BY PARENT /GUARDIAN)

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

## Personal Information

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex: M F

**Health History: Has the camper experienced any of the following? If so, circle and indicate dates.**

Frequent colds	Asthma	Rheumatic fever
Frequent sore throats	Chicken pox	Tuberculosis
Sinusitis	Measles	Epilepsy
Abscessed ears	German Measles	Heart problems
Fainting	Mumps	Kidney problems
Bronchitis	Whooping Cough	Sleep walking
Stomach upsets	Diabetes	Constipation
Hay Fever	Polio	Arthritis
Frostbite	Fractures	Operations/Serious Injuries

Other medical concerns: \_\_\_\_\_

**Allergies: Is the camper allergic to any of the following? If so, circle and provide details.**

Medication (e.g. penicillin, aspirin, sulfa, etc.)	Foods (e.g. shellfish, milk, peanuts, etc.)	Insect bites (e.g. bee stings)
Plants (e.g. poison ivy)	Environmental (e.g. mold, dust, etc.)	Other (please indicate)

**Medications: Please note any medications camper is taking and special instructions for staff.**

## Healthcare Provider Information

Physician name: \_\_\_\_\_

Office Name: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Parent Agreement: The above medical information is complete and accurate to my knowledge. Also, my child is fit to participate in all camp activities except for the limitations noted in this health form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_