## Wondering while Wandering in the Woods



### Fall 2024

Join us in our 400-acre outdoor classroom as we explore and learn about the natural world.

Wondering while Wandering in the Woods is an after-school opportunity for children to extend their learning and explore

nature. This program is designed for children who enjoy outdoor adventures, such as learning about native plants, animals and hiking on our many trails in the woods.

Wondering While Wandering in the Woods engages students in inquiry-based learning; guided by professionally trained educators. WWW takes place outdoors; taking advantage of the many habitats and hiking trails at Hoover Forest Preserve, throughout this six week long program.

### Grades 1-4 will meet on Tuesdays - afterschool from 4:00-5:30 pm

4:00-4:15: Parent drop off time, children will have supervised social/conversation time and may bring & eat a snack. At 4:15, we will leave the pavilion and begin our educational adventures on our many trails through our forest preserve.

### 6 Tuesdays: September 24 - October 29

Cost: \$105

**Location: Hoover Forest Preserve** 

\*See next page for program dates and program themes

**Questions?** 

Please contact Kimberly at kadams@kendallcountyil.gov or 630-553-2292



# Wondering while Wandering in the Woods Fall 2024

#### **Attention Parents:**

Closed-toe shoes are a must. Long pants are recommended.

Please leave all electronic devices at home or they should remain in a backpack.

If you would like your child to eat from 4:00-4:15, you can send your child with a light snack.

Please do not pack anything with tree-nuts or peanut products in it.

\*\*\*Please send your child with a reusable water bottle that is filled each day.\*\*\*

-We will still be outside if there is light rain; please send rain gear for these days. If the rain is a bit heavy, we will utilize our outdoor pavilion for some fun activities.

Program Dates: (6 Tuesdays)	Themes Covered:	
September 24	Wondering about the Play Space	
October 1	Wondering about Worms & Roly Pollies	
October 8	Wondering about Tracks and Who has been walking here?	
October 15	Wondering about Bird Watching; using binoculars	
October 22	Wondering about Fall Colors	
October 29	Wondering about Gourds and Pumpkins	

### Kendall County Forest Preserve District

## Wondering while Wandering in the Woods

Registration Deadline: Friday, September 13th. First come first served, spots fill up fast. **Participant Information** Name of Program: Wondering while Wandering in the Woods- Fall 2024 (Tuesdays) Sessions: (6) Tuesdays Dates: (September 24, October 1, 8, 15, 22, 29) Grades 1-4 Child's name: Date of birth: Current Grade Level: Parent/Guardian Name: Address: ZIP: Citv: State: Cell Phone: Alternate Phone: **Email Address:** Your signature below indicates that you have read and agree to the following, 1-6 statements/rules 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. 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. 6. Cancellation Policy: A \$15 non-refundable registration fee is included in this program fee. We are unable to give refunds for cancellations with less than **two weeks** notice prior to the first day of the program. Signature: Date: (Page 1 of 3)

Payment Information & Mailing Instructions					
Child's					
Name:	dering while Wandering in the Woods	Fall 2024 (6 Tuesdays)	4:00-5:30pm		
Fee: \$105	dering withe wandering in the woods	Tun 2021 (o ruesauys)			
·					
Payment Option					
` `	erson drop-off at our office only)	District and the state of the s	- (C - 1 - (C )		
	ake payable to The Kendall County Forest P d (Fill out information below)	reserve District - mail or drop-	off at office)		
Credit car	d (Fill out illiormation below)				
	Credit Card Information (2.5%	processing fee applied)			
Name on Card:			_		
Billing					
Address:					
City:	State:		ZIP:		
Card Type (cir	cle one): Visa Master Card Discov	ver Card	•		
Card					
Number:					
Security Code:	Expiration Date:		'. d' d db .		
dates as noted	idall County Forest Preserve District to cha	rge my credit card the amount Date:	indicated on the		
uates as noteu	Signature.	Date.			
Please mail completed registration form, payment form, health form, and payment to Kendall County Forest Preserve District, Attn: Kimberly Adams 110 W. Madison St., Yorkville, IL 60560 or email forms to Kimberly at kadams@kendallcountyil.gov					
<b>Cancellation Policy:</b> No refund will be given for cancellations with less than two weeks notice from the first day of the program. A \$15 nonrefundable registration fee is applied to participants who qualify for a					
refund.					
Program letters regarding more details about the program 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 Kimberly Adams, Environmental Education Coordinator, at 630-553-2292 or email <a href="mailto:kadams@kendallcountyil.gov">kadams@kendallcountyil.gov</a> . Thank you!					
Office Use Forms red Date Regi Initials:	'd: stered:		DALL COUNTY PRESERVE DISTRICT		
	ior Email:		(Page 2 of 3)		

HEALTH FORM (To	O BE FILLED OUT BY	Y PARE	NT/GUARDIAN)			
Child's Name:						
	Personal Information	on				
Height:	Weight:		Sex: M F Non-Binary			
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/Mumps		Epilepsy			
Abscessed ears	German Measles		Heart problems			
Fainting	ADHD		Kidney problems			
Bronchitis	Whooping Cough		Sleep walking			
Stomach upsets	Diabetes	1	Constipation			
Hay Fever	Polio		Arthritis			
Frostbite	Fractures	-	Operations/Serious Injuries			
Other medical concerns, please describe	:					
Allergies: Is the camper all	ergic to any of the following	ng? If so,	circle and provide details.			
Medication (e.g. penicillin, aspirin,	Foods (e.g. shellfish, milk, peanuts, etc.)		Insect bites (e.g. bee stings)			
sulfa, etc.)						
Plants (e.g. poison ivy)	Environmental (e.g. mold, dust, etc.)		Other (please indicate)			
Medications: Please note any n	nedications camper is taki	ing and sp	pecial instructions for staff.			
	Healthcare Provider Info	rmation				
Physician name:						
Office Name:	Phone Number:					
Hospital Preference:	Hospital Preference:					
Medical Insurance Company:	Policy Nur	mber:				
Emergency Contact Information			<u> </u>			
Emergency Contact Name: Relations			•			
Primary Phone: Alternate		Alternate Ph	none:			
Parent Agreement: The above medicate to participate in all can	al information is complete and up activities except for the limit					
Signature:		Date:				
			(Page 3 of 3)			