



Afternoon Adventures

Fall - 2024

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

Afternoon Adventures is a science education program designed for children who enjoy hands-on learning and outdoor adventure. Each small class of 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 & a sense of belonging to both Hoover Forest Preserve and their community.

Additional Information:

Grades 1-4 will meet Monday afternoons from 1:00-4:00 pm

Mondays from September 9 - December 16

(No class on October 14 & November 11 & 25)

Cost: \$360 = 12 sessions

Location: Hoover Forest Preserve

***See next page for dates & themes**

Registration Deadline:

Tuesday, August 27, 2024



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



Grades 1-4 Program Dates	2024 Fall Themes
1.) September 9	Creek Adventures— <i>dress for water & getting dirty</i>
2.) September 16	Squirrely Squirrels
3.) September 23	Beaver Behaviors
4.) September 30	Explore Hoover
5.) October 7 <i>(We are off next week —Indigenous People Day)</i>	Tracks and Scat Who has been here?
6.) October 21 <i>Different Location Today!</i>	See the Fall Colors at R.Young @ Richard Young Forest Preserve
7.) October 28	Gourds vs. Pumpkins
8.) November 4 <i>Different Location Today!</i> <i>(We are off next week —Veterans Day)</i>	Hiking and the Running the Hill! @ Harris Forest Preserve
9.) November 18 <i>(We are off next week —Thanksgiving)</i>	Explore Hoover
10.) December 2	Where are Spiders in the Winter?
11.) December 9	Giving Holiday Treats to the Wild Animals
12.) December 16	Explore Hoover, if we have snow— Sledding Fun

Kendall County Forest Preserve District

Afternoon Adventures

Participant Information

Name of Program:	Afternoon Adventures- Fall 2024		
Sessions:	12 Mondays 1:00pm-4:00pm Dates: (September 9th- December 16th)		
Child's name:			
Birthdate:		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, #1-#6 statements 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 \$40 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:	

Payment Information & Mailing Instructions

Child's
Name:

Name of Program: Afternoon Adventures—Fall 2024

Fee: \$360

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 credit card or check payment to Kendall County Forest Preserve District, Attn: Afternoon Adventures 110 W. Madison St., Yorkville, IL 60560 or email all completed forms and credit card payment information to Kimberly at kadams@kendallcountyil.gov

Program letters regarding more details and instructions about this 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 kadams@kendallcountyil.gov Thank you!

Office Use Only:

Forms rec'd: _____

Date Registered: _____

Initials: _____

Confirmation Email: _____

1 Week Prior Email: _____



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

Child's Name: _____

Program: Afternoon Adventures Fall 2024

Personal Information

Height: _____

Weight: _____

Circle Sex: M F Non-Binary

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

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

If circled—Add details that can help us support your child:

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—(Different from Guardian info on Page #1)

Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone: _____

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

Signature: _____

Date: _____