



Babes in the Woods

Spring 2025



Ages: 2-5 (plus a caregiver)

Location: Hoover Forest Preserve

Session #1: 9:30-10:30am or

Session #2: 11:00-Noon

Price: \$6 per child



February 11

March 11

April 8

May 13

Register Online



Babes in the Woods is a 1 hour program designed for children to discover nature through stories, nature hikes, crafts, games, and more.

Each month we will explore a different theme.

Questions: Email KAdams@kendallcountyjil.gov



KENDALL COUNTY FOREST PRESERVE DISTRICT

GENERAL/PUBLIC REGISTRATION FORM

110 West Madison St., Yorkville, IL 60560 (630) 553-2292 or

e-mail: kcpdeducation@kendallcountyil.gov

Program Name: **Babes in the Woods** \$6/child per date Total Fee \$_____

Check mark your desired program date(s): Circle your desired time:	<input type="checkbox"/> Feb. 11 9:30-10:30 or 11:00-Noon	<input type="checkbox"/> March. 11 9:30-10:30 or 11:00-Noon	<input type="checkbox"/> April. 8 9:30-10:30 or 11:00-Noon	<input type="checkbox"/> May. 13 9:30-10:30 or 11:00-Noon
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Participant Information

Contact (Adult) Name:		
Contact Address:		
Contact Phone:		
Contact Email:		
Total # of people participating?	#	List all of the family members below:
Name:	<i>Circle:</i> Adult or Child?	Child: Date of Birth:
Name:	<i>Circle:</i> Adult or Child?	Child: Date of Birth:
Name:	<i>Circle:</i> Adult or Child?	Child: Date of Birth:

Payment Information:

Online Registration is the quickest & easiest way to register your child. Registering online provides, real-time program availability, secure online payment, and immediate confirmation of registration, and is accessible 24/7 from any device with internet access. If you chose to mail in your registration forms or bring your forms in to our office, please know that these registrations will be processed slower than online submissions, and there is no guarantee you will secure your preferred spot. Card Payments are accepted for this Program. Visa, MasterCard, Discover (3.5% Processing Fee is Applied)

Cancellation Policies: No refunds for cancellations **with less than two weeks notice** prior to the first day of the program.

Name on card:		
Billing address:		
City:	State:	Zip:
Card number:		
Security Code (on back):		Expiration Date:
I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted.		
Signature:		

Office Use: Date Received: _____ Date Registered: _____ Initials: _____ Confirmation Email Sent: _____