Babes in the Woods Fall 2025

Ages: 2-5 (plus a caregiver) Location: Hoover Forest Preserve Session #1: 9:30-10:30am Session #2: 11:00-Noon Price: \$6 per child 3rd Tuesday of the month



Aug. 19 Sept. 16 Oct. 21 Nov. 18

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@kendallcountyil.gov



KENDALL COUNTY FOREST PRESERVE DISTRICT

GENERAL/PUBLIC REGISTRATION FORM

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

e-mail: kcfpdeducation@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:	Aug. 19 9:30-10:30 or 11:00-Noon	Sept. 16 9:30-10:30 or 11:00-Noon	Oct. 21 9:30-10:30 or 11:00-Noon	Nov. 18 9:30-10:30 or 11:00-Noon
	Participant In	formation		in .
Contact (Adult/Guardian) Name:				
Contact Address:				
Contact Phone:				
Contact Email:				
Total # of people participating?	#			
Child's Name:	Child's Date of Birth:			
Child's Name:	Child's Date of Birth:			
Child's Name:	Child's Date of Birth:			

Payment Information:

secure online payment, and in If you chose to mail in your reg processed slower Card Payments are ac Cancellation Policies: N	mmediate confirmation of re gistration forms or bring you than online submissions, an cepted for this Program. V	your child. Registering online provides, real-time program availability, egistration, and is accessible 24/7 from any device with internet access. ar forms in to our office, please know that these registrations will be d there is no guarantee you will secure your preferred spot. <i>Visa, MasterCard, Discover</i> (3.5% <i>Processing Fee is Applied</i>) h 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 For	est Preserve District to ch	harge my credit card the amount indicated on the dates as noted.		
Signature:				
Office Use: Date Received:	Date Registered:	Initials: Confirmation Email Sent:		