

# Afternoon Adventures Fall 2022

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



Afternoon Adventures is a nature-based educational program designed for children who enjoy hands-on learning and outdoor adventures. Each small class (maximum of 12 students) engages in cooperative, inquiry-based learning guided by passionate educators. The majority of our program takes place outdoors; taking advantage of the diverse habitats at Hoover Forest Preserve. When provided multiple opportunities to interact with the natural world, children may develop a strong sense of their place and belonging.

## Additional Information:

**Grades Pre-K - K will meet Thursday afternoons from 1:00 p.m.- 4:00 p.m.**

(12 Thursdays from September 15– December 8)

**Cost: \$360 for a 12 week session Location: Hoover Forest Preserve**

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

*Registration Deadline: Friday, September 2, 2022*

**Questions? Please contact Stefanie at [swiencke@kendallcountyiil.gov](mailto:swiencke@kendallcountyiil.gov) or 630-229-4828**



| <b>Program Dates</b>   | <b>Themes</b>             |
|--|---------------------------|
| <b>Pre-K - K</b>   |                           |
| <b>September 15</b>  | <b>Prairie Party</b>      |
| <b>September 22</b>  | <b>Creek Creatures</b>    |
| <b>September 29</b>  | <b>Insect Dwellings</b>   |
| <b>October 6</b>   | <b>Wonderful Weather</b>  |
| <b>October 13</b>  | <b>Marching Migration</b> |
| <b>October 20</b>  | <b>Fall Colors</b>        |
| <b>October 27</b>  | <b>Beautiful Bats</b>     |
| <b>November 3</b>  | <b>Tree Huggers</b>       |
| <b>November 10</b>   | <b>Silly Squirrels</b>    |
| <b>November 17</b><br>(Next week we are off, for Thanksgiving) | <b>Fire Festival</b>      |
| <b>December 1</b>  | <b>Homey Hibernation</b>  |
| <b>December 8</b>  | <b>Tracking/Scat</b>      |

# *Kendall County Forest Preserve District*

## *Afternoon Adventures*

### Participant Information

|   |   |                      |                  |       |  |
|---|---|----------------------|------------------|-------|--|
| Name of Program:  | Afternoon Adventures- Fall 2022           |                      |                  |       |  |
| Sessions:   | Thursdays Dates (September 15-December 8) |                      |                  |       |  |
| 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, #1 -#7 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. 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.<br><br><b>Yes, I authorize forest preserve staff to administer epinephrine should my child present signs of anaphylaxis.</b> |   |                      |                  |       |  |
| 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.   |   |                      |                  |       |  |
| 7. <b>Cancellation Policy:</b> A \$15 nonrefundable registration fee is included in the Program fee. We are unable to give refunds for cancellations with less that <b>two weeks</b> notice from the first day of the Program.  |   |                      |                  |       |  |
| Signature:  |   |                      |                  | Date: |  |



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

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

Program: Afternoon Adventures Fall 2022

## Personal Information

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        | 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: \_\_\_\_\_