

Wondering while Wandering in the Woods

May 2022

**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 science education program is designed for children who enjoy outdoor adventures, like learning about native animals and hiking in the woods.

This program engages students in 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 four week program.

Additional Information:

Grades 1-4 will meet Thursdays - afterschool from 4:00-5:30 pm

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

Thursdays : from May 5 — May 26

Cost: \$70

Location: Hoover Forest Preserve

***See next page for program dates and program themes**

Questions?

**Please contact Kimberly
at
kadams@co.kendall.il.us**

or

630-553-2292



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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.

Please send your child with a 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: (Thursdays)	Themes Covered:
May 5	Wondering about Wild Flowers
May 12	Wondering about Pollinators
May 19	Wondering about Soil
May 26	Wondering about Aquatic Life

Kendall County Forest Preserve District

Wondering while Wandering in the Woods

Registration Deadline: Thursday, April 22. First come first served, spots fill up fast.

Participant Information

Name of Program:	Wondering while Wandering in the Woods- May 2022 (Thursdays)				
Sessions:	(4) Thursdays	Dates (May 5, 12, 19, 26)	Grades 1-4		
Child's name:					
Date of birth:		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, 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. Yes, I authorize forest preserve staff to administer epinephrine should my child present signs of anaphylaxis.					
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.					
Signature:				Date:	

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

Child's Name: _____

Personal Information

Height: _____

Weight: _____

Sex: M F

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: _____