

Spring 2022 - Afternoon Adventures

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

Afternoon Adventures is a science education program designed for children who enjoy hands-on learning and outdoor adventure. Each small class of students (maximum of 14 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 and a sense of belonging to both Hoover Forest Preserve and their community.

Additional Information:

Grades 1-3 will meet Tuesday afternoons from 1:00-4:00 pm

12 Tuesdays : from February 22 –May 17 (*no class the week of March 29th, for Spring Break*)

Cost: \$360 for a 12 week session

Location: Hoover Forest Preserve (with 2 Tuesdays to explore different Forest Preserves)

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

**Questions? Please contact Kimberly at
kadams@co.kendall.il.us or 630-553-2292**



Spring 2022 Grades 1-3

Program Dates

Themes

February 22

Last Blast of Winter

March 1

Cooking over a Fire

March 8 @ Harris Forest Preserve

Explore Harris Forest Preserve

March 15

Explore Hoover

March 22

(Skip Next Week, due to Spring Break)

Rockin' Rocks

April 5

Gardening 101

April 12

Forest Flowers

April 19

Earth Day!

April 26

Slithering Snakes

May 3

Explore Lyon Forest Preserve

May 10

Busy Bees

May 17

Explore Hoover

Kendall County Forest Preserve District

Afternoon Adventures

Registration Deadline: Monday, January 11th. First come first served, spots fill up fast.

Participant Information

Name of Program:	Afternoon Adventures- Spring 2022		
Sessions:	(12) Tuesday Dates (February 22 -May 17)		
Child's name:			
Date of birth:		Current Grade Level:	
Parent/Guardian Name:			
Address:			
City:		State:	
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:	
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Payment Information & Mailing Instructions

Child's Name:		
Name of Program:		
Fee:		
Payment Option (check one):		
<input type="checkbox"/>	Cash (In person drop-off only)	
<input type="checkbox"/>	Check (Make payable to The Kendall County Forest Preserve District)	
<input type="checkbox"/>	Credit card (Fill out information below)	

Credit Card Information (2.5% processing fee applied)

Name on Card:			
Billing			
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 payment to Kendall County Forest Preserve District, Attn: Afternoon Adventures 110 W. Madison St., Yorkville, IL 60560 or email forms to Kimberly at kadams@co.kendall.il.us

Program letters regarding more details about the program you are registered for 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@co.kendall.il.us. Thank you!

Office Use Only:

Forms rec'd: _____

Date Registered: _____

Initials: _____

Confirmation Email: _____



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

Child's Name:	
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Personal Information

Height:	Weight:	Sex: M F
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Health History: Has the camper experienced any of the following? If so, circle and indicate

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:

Healthcare Provider Information

Physician name:

Office Name:	Phone Number:
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Medical Insurance Company:	Policy Number:
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Emergency Contact Information

Emergency Contact Name:	Relationship:
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