

Forest Friends

Thursdays April 14-May 5, 2022

4:00pm-5:30pm

Ages 4-6 years



Join us in our 400-acre outdoor classroom as we explore and learn about the natural world!

Forest Friends is an afternoon experience designed to extend learning while exploring nature. This early childhood education program invites children to enjoy outdoor adventures as they investigate native animals and the natural elements through play and hikes.

Inquiry-based learning guided by professionally trained educators takes place outdoors; taking advantage of the many habitats at Hoover Forest Preserve throughout the four week program.

Additional Information:

Cost: \$70 for the 4 week session

Location: Hoover Forest Preserve

*See next page for program dates and themes



Questions?

Contact Stefanie Wiencke

swiencke@co.kendall.il.us

630-229-4828

Forest Friends

Please send your child with:

Closed toe shoes

Long pants

A backpack

Healthy snacks (no peanuts or tree nuts)

Reusable water bottle that is filled each day

We will be outside if there is light rain; please send rain gear for these days.
If the rain is heavy, we will utilize our outdoor pavilion for fun activities.

Program Dates	Themes
April 14	Mammals
April 21	Birds
April 28	Reptiles and Amphibians
May 5	Insects

Kendall County Forest Preserve District

Forest Friends

First come first served, spots fill up fast.

Participant Information

Name of Program:	Forest Friends-Spring 2022				
Sessions:	(4) Thursdays April 14, 21, 28, May 5				
Child's name:					
Date of birth:		Current Age:			
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:	

Payment Information & Mailing Instructions

Child's Name:	
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Program: Forest Friends	April/May 2022
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Fee: \$70	
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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:	
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Billing Address:	
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City:		State:		ZIP:	
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Card Type (circle one):	Visa	Master Card	Discover Card
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Card Number:	
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Security Code:		Expiration Date:	
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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: Forest Friends Spring 2022
 110 W. Madison St., Yorkville, IL 60560
 or email forms to swiencke@co.kendall.il.us

Cancellation Policy: No refund will be given for cancellations with less than two weeks notice from the first day of the program. A \$15 nonrefundable registration fee is also applied to participants who qualify for a refund.

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 Stefanie Wiencke at 630-229-4828 or email swiencke@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: _____

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: _____