



Spring 2024

## Wondering while

## Wandering in the Woods

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 program is designed for children who enjoy outdoor adventures, such as learning about native animals and hiking in the woods.

Wondering While Wandering engages students in inquiry-based learning; guided by professionally trained educators. This program takes place outdoors; taking advantage of the many habitats and hiking trails at Hoover Forest Preserve throughout this six week program.

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

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

**6 Thursdays: April 4 - May 9**

**Cost: \$105 Location: Hoover Forest Preserve**

\*See next page for program dates and program themes



**Questions?**

Please contact Kimberly at [kadams@kendallcountyil.gov](mailto:kadams@kendallcountyil.gov)  
or 630-553-2292



# Wondering while Wandering in the Woods

## Spring 2024

### 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.

If you would like your child to eat from 4:00-4:15, you can send your child with a light 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: (6 Thursdays)	Themes Covered:
<b>April 4</b>	<b>Wondering about the Nature Play Space</b>
<b>April 11</b>	<b>Wondering about the Underground Forest</b>
<b>April 18</b>	<b>Wondering about Bees</b>
<b>April 25</b>	<b>Wondering about Spring Ephemerals</b>
<b>May 2</b>	<b>Wondering about Soil</b>
<b>May 9</b>	<b>Wondering about the Creek</b> <i>(Wear water shoes &amp; clothes that can get dirty)</i>

## Kendall County Forest Preserve District

# Wondering while Wandering in the Woods

*Registration Deadline: Monday, March 25th. First come first served, spots fill up fast.*

### Participant Information

Name of Program:	Wondering while Wandering in the Woods- Spring 2024 (Thursdays)				
Sessions:	(6) Thursdays Dates (April 4, 11, 18, 25 & May 2, 9) 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, 1-6 statements/rules 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. 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.					
6. <b>Cancellation Policy:</b> A \$15 non-refundable registration fee is included in this program fee. We are unable to give refunds for cancellations with less than <b>two weeks</b> notice prior to the first day of the program.					
Signature:				Date:	

## Payment Information & Mailing Instructions

Child's Name:	
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Program: Wondering while Wandering in the Woods	Spring 2024 (6 Thursdays) 4:00-5:30pm
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Fee: \$105	
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Payment Option (check one):

<input type="checkbox"/>	Cash (In person drop-off at our office only)
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<input type="checkbox"/>	Check (Make payable to The Kendall County Forest Preserve District - mail or drop-off at office)
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<input type="checkbox"/>	Credit card (Fill out information below)
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### 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:
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Please mail completed registration form, payment form, health form, and payment to Kendall County Forest Preserve District, Attn: Kimberly Adams 110 W. Madison St., Yorkville, IL 60560 or email forms to Kimberly at [kadams@kendallcountyil.gov](mailto:kadams@kendallcountyil.gov)

**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 applied to participants who qualify for a refund.

Program letters regarding more details about the program 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@kendallcountyil.gov](mailto:kadams@kendallcountyil.gov). Thank you!

Office Use Only:

Forms rec'd: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Initials: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_

1 Week Prior Email: \_\_\_\_\_



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

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

## 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—Please list someone other than the Parent/Guardian listed on page #1

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: \_\_\_\_\_