



LITTLE SPROUTS

AN AFTERNOON PRE-K NATURE IMMERSION PROGRAM

This new afternoon Pre-K nature immersion program emphasizes outdoor activities that encourage children to form a love and respect for nature that will last forever. Age-appropriate STEAM education concepts will be woven into the program using nature as a teaching tool.

Research has shown that children who engage in outdoor education programs have the opportunity to:

- Play more cooperatively
- Develop greater teamwork skills
- Expand their creativity
- Improve their cognitive development

Daily activities might include:

- Close encounters with our animals
- Explorations of our barnyard, pond, organic garden, and Native Plant Meadow
- Free play on our forest trails and Nature's Discovery Playground
- Themed crafts and nature experiments

Your child must be entering kindergarten in Fall 2018 in order to participate.



PROGRAM DATES

The program will run from 12:30pm - 2:30pm, Monday - Thursday starting in January 2018
Children will sign up for two days of the week; you may choose Monday/Wednesday or Tuesday/Thursday,

Class size is limited to 12 children.

REGISTRATION AND FEES

Two days a week for 21 weeks: \$2,500/child (includes a one-year family membership, \$85 value)

To register, please sign up online at <https://goo.gl/8wYx2P>. For any questions, please contact Lindsay Cohen at Lcohen@greenburghnaturecenter.org or (914) 813-1832.

A completed application will include the following:

- [Registration Form](#) with payment
- Student Health History / Emergency Contact / Medical Information Form
- A copy of your child's immunization records (from your doctor)
- Signed Agreement of Terms

**Due to the very limited capacity of this program, registrations are accepted on a first-come, first-served basis. Only a formal confirmation from Greenburgh Nature Center acknowledges your child's accepted registration.*

WHAT TO WEAR

As a nature-based program, we plan to spend time outside every day whenever possible (in the case of extreme weather, we will stay indoors). We ask that you send your child with appropriate clothing for varying weather conditions. For the fall and spring months, please send your child with layers, including a sweatshirt or jacket, as well as proper rain gear and boots when necessary. During the winter months, warm winter coats, hats and gloves should be worn each day and full snow gear is required when snow is on the ground. Please send your child with appropriate footwear each day; closed toed shoes are required.

WHAT TO BRING

Please send your child with a snack for snack time each day. As a reminder, please do not send any snacks containing peanuts, as we try to keep this program a nut-free zone.

Each child will have a small cubby where he/she may leave clothing for the duration of the program. We ask that on the first day, you send your child with a full change of clothing in a ziplock bag with your child's name. This will be used in case of accidents, or if your child gets very muddy or wet. You are also welcome to send extra clothing for your child's cubby such as a rain jacket, gloves, snow pants, etc.

ABOUT GREENBURGH NATURE CENTER

The Greenburgh Nature Center's mission is to ignite passion, curiosity, and respect for our natural world. The Nature Center is a 33-acre nature preserve that provides exciting, unique and interactive activities and exhibits for individuals, families, adults and children. We strive to be a leader in environmental education and sustainability, and tailor our hands-on environmental educational programs for preschool through 8th grade, and adults to meet that goal.

- We are committed to fostering awareness and understanding of environmental issues
- We believe in developing a dialogue of care around our interconnectedness with nature
- We are dedicated to serving as stewards of the environment

Student Health History Form 2017-2018

Medical forms and permission agreements **MUST** be submitted one week prior to the start of the registered session with all required signatures. Parent must attach child's current immunization record **AND** recent medical examination completed by a licensed physician within 12 months of program session. Please also attach a front and back copy of your medical insurance card. **Children will not be able to attend the program until all forms are properly submitted.

Student and Parent Information

_____ / _____ / _____ _____ Male Female
Child's Name (Last, First) Date of Birth Age Sex

Primary Parent/Guardian Name: _____

Phone 1: _____ (cell) (home) (work)

Phone 2: _____ (cell) (home) (work)

Email: _____

Parent/Guardian Two Name: _____

Phone 1: _____ (cell) (home) (work)

Phone 2: _____ (cell) (home) (work)

Email: _____

Emergency Contact Information

Please list emergency contacts in the event a parent/guardian cannot be reached

First Emergency Contact Name: _____

Phone Number: _____

Second Emergency Contact Name: _____

Phone Number: _____

Doctor Name: _____

Doctor Phone Number: _____

Medical Information

Child's Name: _____

Please list allergies/special health considerations (foods, insects, plants etc.)

Is your child currently on any medications (including inhalers)? Yes _____ No _____

If yes, please list medications _____

Does the medication need to be taken during program hours? Yes _____ No _____

If yes, written permission from a parent or guardian must accompany the medication, and the medication must be self-administered.

Please let us know if your child has any physical limitations, or needs so our staff can provide the best possible experience:

Medical Insurance

Policy Number

****Please include a copy of your child's immunization records as well the front and back of your insurance card. Thank you!**

Agreement of Terms

Emergency Release: In the event of an emergency, I give my permission for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent/Guardian Signature: _____ Date: _____

Expectation/Dismissal: I give my permission for my child participate in all activities. I have informed the teacher of all limitations to my child's participation and agree to abide by Greenburgh Nature Center's sole judgment as to whether my child can be accommodated in the program. I understand that failing to disclose any physical, emotional, or behavioral needs or conditions may result in my child's dismissal program without refund. I understand that continued misbehavior on the part of my child may also result in dismissal from the program. I understand that no refunds will be issued.

Parent/Guardian Signature: _____ Date: _____

Release of Liability: In consideration of your acceptance of myself or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of the Greenburgh Nature Center, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury, which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to release and hold harmless the Greenburgh Nature Center its officials, officers, agents, employees and volunteers from any against any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of the town. I understand that the Greenburgh Nature Center does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur. I have read, understood and agree with the terms of this release.

Parent/Guardian Signature: _____ Date: _____

Media Notice: During the course of this program your child may be photographed or videotaped by the Greenburgh Nature Center's authorized personnel. Greenburgh Nature Center reserves and shall have all rights to freely reproduce, publish, distribute, and/or display such materials, including your child's image and likeness, in whole or in part, at any time in connection with its present and future promotional and advertising programs, campaigns, initiatives, products, and/or services, whether via media technology now known or hereafter developed, without remuneration or further notice to you, to the fullest extent permitted under applicable law. If you not would like your child to be photographed or videotaped during the course of this program, please contact Lindsay Cohen (914) 813-1832 in advance of the program.

To the best of my knowledge, the above information is correct.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Print Child's Name: _____