



Forest Babies Interest Application

The Forest Babies program is forest immersion designed for our youngest learners to explore the wonders of Lime Hollow Nature Center with their parent or caregiver. You and your children will share nature walks, art making, singing, story-telling and experience the delights of the natural world together. Children receive the benefits of outdoor learning and nature play, while parents find a community of nature lovers. Forest Babies program helps parents and children prepare for a transition into our Lime Hollow Forest Preschool program at age three. Siblings who are babies too young to participate, are welcome to be carried along for free. Forest Babies are 6 months to age three.

Forest Babies Program, 9:30AM-11AM
6 Months to age 3
Each selection is \$230 Members & \$280 Non-Members
Sign up for 3 or more and receive 10% off!
Fall Winter Sept-December
{ } Wednesday (September 11-December 18)
(No Session Nov.27)
{ } Thursday (Sept. 12-Dec. 19)
(No Session Nov.28)
{ } Friday (Sept. 13- Dec. 20)
(No Session Nov.29)
Winter/Spring February-May
{ } Wednesday (Feb. 12-May 27)
(No Session on Feb. 19 & April 8)
{ } Thursday (Feb. 13-May 28)
(No Session on Feb. 20 & April 9)
{ } Friday (Feb. 14- May 29)
(No Session on Feb. 21 & April 10)

Child's Name: _____ **M F** (circle one) **Age:** _____
Birth date: _____ **Member: Y or N** (circle one)
Parent/Guardian: _____
Phone (h) _____ **(c)** _____ **(w)** _____
Parent/Guardian _____
Phone(h) _____ **(c)** _____ **(w)** _____
Address: _____
Email: _____

Does your child have any medical conditions or under any medical care for any reason?
() No () YES
If YES, please explain: _____
Is your child subject to asthma, allergies, diet restrictions, and limits on activities? () No () YES
If YES, please explain: _____

Does your child need any accommodations to participate? () No () YES
Please provide details if needed. _____

PARENT/GUARDIAN AUTHORIZATION:
This health history and contact information is correct so far as I know. _____
I give permission for my child's photo/video to be used in promotional/educational/social media. _____
Signature of parent/guardian _____ **Date** _____

 **Inclusion**
Our staff appreciates learning about your child's specific needs and are willing to provide appropriate supports and accommodations to enhance their experience. Please contact us for more information regarding inclusion at Lime Hollow.

Mailing Location:
338 McLean, Cortland, NY
Physical Location:
3277 Gracie Road, Cortland, NY
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www.limehollow.org
E:info@limehollow.org