



*Lime Hollow
Nature Center*

Navigating Nature

Home School Program Nature Series 2019-2020

The natural world is amazingand wild!

Ages 8 and above

October 1, 2019 –May 12, 2020, 10am-4pm, \$1,000

October 1, 2019 –May 12, 2020, 1pm-4pm, \$575

(No classes on the following dates: 11/12,12/24, 12/31, 2/18, 4/7)



This nature series includes classes that are safe, fun and educational. They start off basic and add more knowledge each visit. Each day is a new adventure including long days in the wild cultivating a child's innate love of nature while engaging their senses through many lessons about the self and others. Competency is gained through hands on learning in many of the following wilderness skills: safe fire making and tending, shelter construction, navigation, sensory engagement, wild edible safety, harvest and preparation.

Let the navigating begin.



Lime Hollow Nature Center *338 McLean, Cortland, NY* Tel. / Fax 607.662.4632 *
www.limehollow.org * e:info@limehollow.org

**Lime Hollow Home School Program
Yearly Commitment**

Membership required for program

October 1, 2019 –May 12, 2020, 10am-4pm

{ } Tuesday, 10am-4pm, \$1,000

{ } Tuesday, 1pm-4pm, \$575

(No classes on the following dates: 11/12,12/24, 12/31, 2/18, 4/7)

{ } Camp Out in May, Extra \$25

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Inclusion

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

Program Application

Name: _____ M F (circle one) Age: _____ Birth date: _____

Member: Yes or No -but will become one (circle one) Membership required for program

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 have any learning, emotional, or behavioral challenges? () No () YES.

If YES, please explain and let us know the best way to connect with your child and/or address the challenges:

PARENT/GUARDIAN AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to participate in Lime Hollow's Home School Program.

I also allow the following.

* I give permission for Lime Hollow staff to transport my child if need be.

* I give permission for my child's photo to be used in promotional/educational/social media.

* I realize that my child may be getting wet, muddy, smelly, and bug-bitten.

* I give permission for Lime Hollow Staff to reapply sunscreen/bug spray on my child if need be:

Comments: _____

* In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize the director to take any action deemed necessary for the best interest of my child.

Signature of parent/guardian _____ Date _____