



Forest Babies 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, 10:30AM-12:00PM
6 Months to age 3**

Each selection is \$215 Members & \$265 Non-Members

Fall Sept-November (10)

{ } Tuesday (Infants)
(September 15-November 17)

{ } Thursday (Toddlers)
(September 17- November 19)

Spring April- June (10)

{ } Tuesday (Infants)
(April 6-June 10)

{ } Thursday (Toddlers)
(April 8-June 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: _____



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

How did you hear about Forest Babies? _____

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 _____



Mailing Location:
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Physical Location:
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