

## Cora's Kids 2017 Application

## For Native children ages 8-12

June 11,12,13,14 2018

Cora's Kids is a day program held at the Dream of Wild Health organic farm in Hugo, MN.

Grow and eat healthy indigenous food.

## Learn traditional agriculture, games and activities. PICK UP/DROP OFF LOCATIONS

Little Earth of United Tribes main office 2501 Cedar Ave S Mpls 55404 Pick UP - 8:00am Drop OFF 4:00pm American Indian Family Center 579 Wells Street St Paul MN 55430 Pick UP - 8:30am Drop OFF 3:30pm

Notification letters and additional information will be mailed **May 14, 2018**. Space is limited to 14 Native American children.

| Child's Name:   |                        |              |                          | Gender    |
|---|------------------------|--------------|--------------------------|-----------|
| Race/Ethnicity:   |                        |              |                          |           |
| School:   | Grade                  | Qualify fo   | r free/reduced lunch? Ye | sNo       |
| Age: D.O.B. / / Tribal Affiliation:   |                        |              | Town                     | State     |
| Age: D.O.B//Tribal Affiliation:   | Print cle              | arly         |                          |           |
| Legal Guardian Name(s):   |                        |              |                          |           |
| Legal Guardian email:   |                        |              | Recieve E-Newsletters    | ? YesNo   |
| Address:  | C                      | CityZip Code |                          |           |
| Legal Guardian Phone: phone #1  |                        | #2           |                          |           |
| Emergency Contact Info:   |                        |              |                          |           |
| Name:   | Relationship to child: |              |                          |           |
| Phone: #1   | #2                     |              |                          |           |
| Child's doctor or clinic name:  |                        |              |                          |           |
| Address and phone number for doctor/clinic:   |                        |              |                          |           |
| Does your child have any dietary restrictions or al Please explain:   |                        |              |                          | nd bees). |
| Does your child have any health or behavior chall<br>Please explain:  | -                      |              |                          |           |
| I give my child permission to participate in <b>Cora's</b> teach, feed, transport and photograph my child. It may occur in the event of an unforeseen accident. | Dream of Wild          | _            | -                        | •         |
| Signature of Legal Guardian:  |                        |              | Date                     |           |