



CORA'S KIDS 2019 APPLICATION

For Native children ages 8-12

Session 1: June 10-13th, 2019 | Session 2: June 24th-27th, 2019

Submit your application by May 1, notification mailed on May 10th

THIS IS A DAY PROGRAM
PICK UP/DROP OFF LOCATIONS

Little Earth of United Tribes Office 2501 Cedar Ave. S Mpls, MN 55404	Pickup at 8:00am	Drop off at 4:00pm
American Indian Family Center 579 Wells Street St. Paul, MN 55430	Pickup at 8:30am	Drop off at 3:30pm

Child's Name: _____

Age: _____ **D.O.B** _____

Gender Identity: _____

Tribal Affiliation: _____ **Reservation/Homelands:** _____

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Phone: _____

Qualify for free/reduced lunch? Yes _____ **No** _____

Return signed application to Dream of Wild Health, Attn: Phoebe Young
1308 Franklin Ave South, Suite 203, Minneapolis, MN 55404
Or scan and email phoebe@dreamofwildhealth.org



Emergency Contact Info:

Name: _____ **Relationship to child:** _____

Phone: _____

Child's doctor or clinic name, address and phone number for doctor/clinic:

Does your child have any allergies we need to be aware of? (Especially food and bees)

Does your child have any health or behavior challenges that we need to be aware of?

Application Section:

Please select which session you are applying for. **Session 1:** _____ **Session 2:** _____

If we are unable to accommodate your child in the session you have chosen above, are you interested in your child participating in the other session? **Yes** _____ **No** _____

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In the space provided, please have your child express why they want to be a part of Cora's Kids this year. This can be 3 sentences or a drawing—or both!

*I give my child permission to participate in **Cora's Kids** in Summer 2019. I give Dream of Wild Health permission to feed, transport and photograph my child. Dream of Wild Health will not be held liable for any injuries that may occur in the event of an unforeseen emergency.*

Signature of Parent?Guardian

Date _____

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