



CORA'S KIDS 2020 APPLICATION

For Native children ages 8-12

Session 1: June 9-12, 2020
(Tuesday-Friday)

Session 2: June 22-25, 2020
(Monday-Thursday)

APPLICATION DEADLINE: APRIL 1ST, 2020

Please complete all parts of the application.

Incomplete applications may not be considered for summer programs.

Notifications will be sent out via email and mail the last week of April.

THIS IS A DAY PROGRAM
PICK UP/DROP OFF LOCATIONS

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

Dream of Wild Health's mission is to restore health and well-being in the Native community by recovering knowledge of and access to healthy, Indigenous foods, medicines, and lifeways.

Check which session you are applying for: Cora's Kids Session 1 Cora's Kids Session 2

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

Child's Name: _____

Age: _____

Date of Birth: ____/____/____

Gender Identity: _____

Return completed applications to **Dream of Wild Health Attn: Phoebe Young 1308 E. Franklin Ave. Suite 203 Minneapolis, MN 55404**
OR scan & email to phoebe@dreamofwildhealth.org [emailed photo of application also accepted]



Tribal Affiliation: _____

Reservation/Homelands: _____

Qualify for free/reduced lunch? Yes No

Legal Guardian Name(s): _____

Legal Guardian phone: _____

Legal Guardian email: _____

Address: _____ City _____ State _____ ZIP Code _____

Receive DWH E-Newsletter? Yes No

Emergency Contact Info:

Name: _____ Relationship to youth: _____

Phone: _____

Are there any dietary restrictions, allergies, health or behavior issues we should be aware of?

See next page for application section →

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Application Section:

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 the 2020 Cora's Kids Summer Program. I give Dream of Wild Health permission to teach, transport, feed 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 accident.

Signature of Legal Guardian

Date