



CORA'S KIDS 2020 APPLICATION

For Native children ages 8-12

Session 1: June 14th-17th, 2021
(Monday-Thursday)

Session 2: June 28th- July 1st, 2021
(Monday-Thursday)

APPLICATION DEADLINE: APRIL 1st, 2021

Please complete all parts of the application.

Incomplete applications may not be considered for summer programs.

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

THIS IS A DAY PROGRAM
PICK UP/DROP OFF LOCATIONS

<p>Minneapolis American Indian Center 1530 E. Franklin Ave Minneapolis, MN 55404</p>	<p>Pickup: 8:00am Drop Off: 4:00pm</p>
<p>American Indian Family Center 579 Wells Street St. Paul, MN 55430</p>	<p>Pickup: 8:30am Drop Off: 3:30pm</p>

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: _____

Mail completed applications to **Dream of Wild Health Attn: Angel Swann 1308 E. Franklin Ave. Suite 203 Minneapolis, MN 55404**
OR **photo/scan & email** to angel@dreamofwildhealth.org or (612)874-4200 EXT 107



Tribal Affiliation: _____

Reservation/Homelands: _____

Qualify for free/reduced lunch? Yes No

Legal Guardian Name(s): _____

Legal Guardian phone: _____

Legal Guardian email: _____

Best form of communication (text, call, email, etc.): _____

Address: _____ City _____ State _____ ZIP Code _____

Would you like to be signed up for the DWH E-Newsletter to receive photos and updates of youth programs this summer? 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?

Are you able to self transport to and from the farm? Yes No

See next page for application section →



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 2021 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