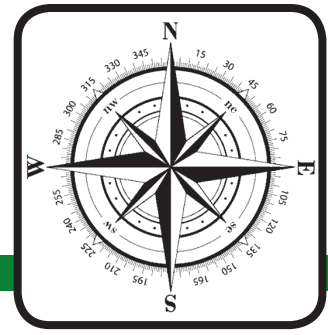


CITY KIDS ADVENTURE LEARNING PROGRAM



Name _____ Age _____

Home address _____

Home phone number _____

Parent's names _____

E-mail address _____

Year in which you attended the Farms For City Kids program _____

What grade were you in when attended? _____

Which school were you in during your trip to Spring Brook Farm? _____

What is the name of your teacher who led the trip to The Farm? _____

Answer each question thoroughly. Use additional paper if needed.

1. What was the biggest lesson you learned during your trip?



2. What did you find to be most rewarding about your visit to Spring Brook Farm?

3. Why do you want to attend the City Kids Adventure Learning Program?

4. What do you expect to take away from the program?



5. Are you involved with any organizations through school? Please explain:

6. Are you involved with any clubs or groups outside of school? Please explain:

7. What type of student would you describe yourself as?



8. How would you describe your grades?

9. How would you describe your work ethic?

10. Have you ever spent a considerable amount of time camping or hiking?



11. What is one of your greatest fears?

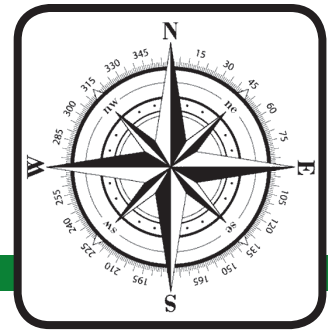
12. What do you like to do in your free time?

13. What do you feel will be your biggest challenge, if selected?

14. How did you learn about the Adventure Learning Program?



CITY KIDS ADVENTURE LEARNING PROGRAM



Please review the information stated by your child. Ensure that it is accurate and submitted with your approval. In particular, the contact information, so that members of the Farms For City Kids education staff can be in contact with you and your child. All information gathered here is strictly confidential and will be used solely for selecting the students to attend the Adventure Learning Program. No information will be shared unless parental permission is granted for reasons expressed at that time.

Parent's name *(please print)* _____

Signature _____ Date _____

Parent cell phone _____ Other contact information _____

I. What do you hope your child gets out of the Adventure Learning Program?



2. What do you feel will be your child's biggest challenge?

3. Describe your child when home, what do they tend to do?



4. Did you notice a difference in your child after attending the Farms For City Kids program?
Please explain.

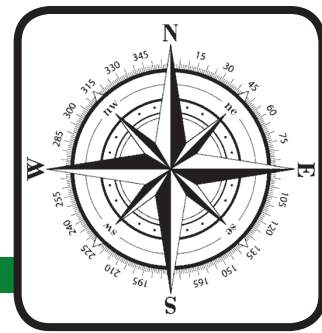
5. If your child was any type of vehicle, what type would they be, and why?

6. Are you able to provide transportation for your child to/from our location in Reading, VT? _____

7. Are you willing to have your child use public transportation to/from our facility? If so, what kind?



CITY ADVENTURE KIDS LEARNING PROGRAM



1. What would this new program give to this student?

2. Why would you recommend this student for this program?

3. What role does this student play in the school?



4. How long have you known the student? _____

5. Did you ever have them in class? _____

6. What is your position at the school? _____

7. If the student was/is in your classroom, what was/is the most challenging part of school for them?

8. If you had to describe this student in one word, what would it be? _____

Teacher name _____

Contact information _____

