

**CHERRY HILLS VILLAGE ELEMENTARY SCHOOL
WILDERNESS EXPERIENCE
ENROLLMENT APPLICATION**

NAME OF PARTICIPANT: _____

NAME OF CLASSROOM TEACHER: _____

M/F: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HEIGHT: _____ WEIGHT: _____

PARENT/LEGAL GUARDIAN NAME: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

PERSONS AUTHORIZED TO PICK UP CHILD FROM CAMP:

NAME: _____ PHONE: (_____) _____

ADDRESS: _____

To be answered by the student:

1. Why do you wish to participate in this course?

2. What do you hope to learn during this experience?

3. In one sentence describe what the word "wilderness" means to you.

Student Signature _____ Date _____