



**Kids Healthy Outdoors Challenge (KHOC)
School Year 2021-2022**

APPLICATION TO PARTICIPATE

Applications must be received by Friday, December 17, 2021

NOTE: Due to ongoing website changes/updates, applications for 2021-2022 will not be submitted directly to the website as in years past. **Applications will only be accepted via email** to khoc@ebparks.org or **mail to** KHOC Program, 2950 Peralta Oaks Ct., Oakland, CA 94605. We sincerely apologize for any inconvenience.

Please only submit one application per school. Review all information and expectations on <http://www.ebparks.org/khoc> before applying.

Check this box to confirm that you are a third-grade teacher.

Check this box if you are not a third-grade teacher.

School Information:

School Name: _____

School District: _____

School Address: _____

Principal Name: _____

Principal Phone Number: _____

Principal e-mail address: _____

About Your School: (Please complete the following based on the most recent available school year. Enter a **whole numeral** in each slot):

1. Total Enrollment: _____

2. Percent of students eligible for Free and Reduced-Price Lunch: _____%

3. Breakdown of student body by Race and Ethnicity (Enter a **whole numeral** in each slot; make sure your responses add up to 100):

_____% Latino

_____% African American

_____% Caucasian (non-Hispanic)

_____% Asian

_____% Pacific Islander

_____% Native American/Alaska Native

_____% More than One Race

_____% Other

4. Percent of students who are English as a Second Language (ESL): ____%
5. List the most common languages spoken by students in your school:

6. Type of School (*Check one*):

Rural

Urban

Suburban

Applicant(s) Information: (*Third Grade Teachers' information; identify your **Lead Teacher** in section 1*)

Lead Teacher/Teacher 1:

1. Name: _____
2. Email/Phone: _____
(*Please provide the phone number and e-mail address where you can most easily be reached.*)
3. Approximately how many students will you have in your classrooms this year? (*Enter a **whole numeral***): _____
4. How many years have you been an educator? (*Enter a **whole numeral***): _____
5. How experienced and comfortable are you in leading classroom activities outdoors? (*Please check one*): Very Comfortable Somewhat Comfortable Neutral Somewhat Uncomfortable Very Uncomfortable
6. Have you previously participated in KHOC, and if so, how many years?: _____

Teacher 2:

1. Name: _____
2. Email/Phone: _____
(*Please provide the phone number and e-mail address where you can most easily be reached.*)
3. Approximately how many students will you have in your classrooms this year? (*Enter a **whole numeral***): _____
4. How many years have you been an educator? (*Enter a **whole numeral***): _____
5. How experienced and comfortable are you in leading classroom activities outdoors? (*Please check one*): Very Comfortable Somewhat Comfortable Neutral Somewhat Uncomfortable Very Uncomfortable
6. Have you previously participated in KHOC, and if so, how many years?: _____

Teacher 3:

1. Name: _____
2. Email/Phone: _____
(*Please provide the phone number and e-mail address where you can most easily be reached.*)
3. Approximately how many students will you have in your classrooms this year? (*Enter a **whole numeral***): _____

4. How many years have you been an educator? (Enter a **whole numeral**): _____
5. How experienced and comfortable are you in leading classroom activities outdoors? (Please check one): Very Comfortable Somewhat Comfortable Neutral Somewhat Uncomfortable Very Uncomfortable
6. Have you previously participated in KHOC, and if so, how many years?: _____

Teacher 4:

1. Name: _____
2. Email/Phone: _____
(Please provide the phone number and e-mail address where you can most easily be reached.)
3. Approximately how many students will you have in your classrooms this year? (Enter a **whole numeral**): _____
4. How many years have you been an educator? (Enter a **whole numeral**): _____
5. How experienced and comfortable are you in leading classroom activities outdoors? (Please check one): Very Comfortable Somewhat Comfortable Neutral Somewhat Uncomfortable Very Uncomfortable
6. Have you previously participated in KHOC, and if so, how many years?: _____

Please email your completed application to khoc@ebparks.org or mail to KHOC Program, 2950 Peralta Oaks Ct., Oakland, CA 94605.

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By submitting this application, you are confirming that you meet the eligibility requirements for the KHOC program and that you agree to meet the expectations for participation in KHOC.

Any questions or comments should be sent to khoc@ebparks.org.

