

Wild Child

Cost:

\$30 per session OR \$110 for all 4 (\$10 discount)

Limit:

10 children per session date.

Session dates (check all that apply):

___ October 12, 10:30 a.m. to 11:30 a.m.

Theme: adaptations - An education staff member will lead an interactive activity and discussion that relates to both physical and behavioral adaptations of various species of animals.

___ October 26, 10:30 a.m. to 11:30 a.m.

Theme: herbivores, omnivores, and carnivores – An education staff member will provide various bags containing a series of replica skulls from different animals to discuss the differences between herbivores, omnivores, and carnivores. Participants will be able to touch and interact with the skulls.
If you book this program, please keep the presentation of the replica skulls a secret leading up to the program!

___ November 2, 10:30 a.m. to 11:30 a.m.

Theme: all about bugs

An education staff member will lead an interactive musical activity to teach students about the parts of a bug. Students will get their creative brains working to create their own unique bug with appropriate parts.

___ November 16, 10:30 a.m. to 11:30 a.m.

Theme: winter changes - An education staff member will lead an interactive activity and discussion that relates to the changes various animals go through to prepare and survive winter. The corresponding activity requires access to warm water.

Registration Information:

Participant Name: _____ **Age:** _____ **Pronouns:** _____

Name of Parent or Guardian: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **or** _____

Email: _____

Check this box to be added to our e-mailing list:

Payment:

Number of sessions attending: _____ x Cost per session: \$ _____ = **TOTAL COST: \$** _____

(Please circle one): Check Cash Visa MasterCard Discover *The Zoo does **not** accept American Express credit cards.

Name on Card: _____ **Signature:** _____

Card number: _____ **Expiration:** _____ / _____ **CVC:** _____

Please make checks payable to: **Forest Park Zoological Society.**

Important Information

Please initial here to confirm you have read the below information _____

Registrations will be confirmed via the email provided within 3 business days. If you do not receive an email in your inbox or spam box, please reach out to confirm that The Zoo received the registration.

- The Zoo hosts Wild Child in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact Wild Child families as soon as possible to discuss alternate drop-off, pick-up or Zoo closing.
- Wild Child serves children ages 4 and 5 only.
- **No refunds will be processed unless documentation from a medical provider is provided stating a medical exemption from participation in Wild Child.**

Please send completed registrations to:
The Zoo in Forest Park & Education Center
 P.O. Box 80295 | Springfield, MA. 01138-0295
Education Office: 413-733-2251, ext. 923
Email: education@forestparkzoo.com

Medical Information

IMMUNIZATION RECORDS MUST BE ATTACHED

Participant's Name: _____ Age: _____

List any pertinent medical conditions of which we should be aware (i.e. medical conditions, neurodivergent diagnoses such as ADHD, ASD, other diagnoses such as anxiety or PTSD, allergies, recent injuries, etc.):

Physical description of child or current picture:

Eye color: _____ Hair Color: _____ Gender Identity: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Child's Physician: _____ Phone: _____

Address: _____

Health Insurance: _____

Policy Number: _____

Does your child have an IEP (individualized education program) at school? YES / NO

If yes, please attach a copy to the registration.

Signature: _____ Date: _____

Name of Parent/Guardian: _____

Consent Form:

Please initial on the line after each statement.

I understand that the staff at the Zoo in Forest Park & Education Center are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate.

In the case of emergency, I give The Zoo in Forest Park & Education Center permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached. _____

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child/camper), give my permission for them to participate in **Wild Child** at The Zoo in Forest Park. I (and my child) agree to be bound by all rules and regulations established by the Forest Park Zoological Society operating the Zoo in Forest Park, and to use due care and caution while on the grounds of The Zoo.

I agree to hold harmless, the Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives for any and all injuries and damage (i.e. allergies, etc.) incurred by my child while on the grounds of the Zoo in Forest Park and in Forest Park during operating hours.

I hereby give Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives, the right to use the Applicant's name, picture or likeness in all forms and media and in all manners, including composite and distorted representations, for advertising, trade, or any other lawful purpose, and waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I am the parent or guardian of the applicant minor named above and have the legal authority to execute the above release. I have read this release and am fully familiar with its contents. I approve the foregoing and waive any rights in the premises.

Signature: _____ Date: _____

Authorized Pick-Up

Parent/Guardian #1: _____

Email Address: _____

Relationship to Child: _____

Cell Phone Number: _____

Parent/Guardian #2: _____

Email Address: _____

Relationship to Child: _____

Cell Phone Number: _____

This list of contacts you provide The Zoo in Forest Park & Education Center will be used in case of an emergency if the parent/guardian (listed above) cannot be reached. Contacts will be called in the order in which they are listed beginning with the Parent/Guardian #1. The list will also serve as a release form. Please supply a written or e-mailed note to Caroline Cay Adams, Director of Education, if anyone other than the parent, guardian or emergency contacts below will be picking up.

Children will not be released to anyone except those who are listed on this page unless written or verbal confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.

Authorized pick-up #1:

Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Authorized pick-up #2:

Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Authorized pick-up #3:

Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Other Notes for Wild Child Staff:
