

Keeper-in-Training Registration 2023

Session Dates:

Weekly Rates:
Member: \$130.00
Nonmember: \$140.00

- __ Week 1: June 19 to June 23, 2023
- __ Week 2: June 26 to June 30, 2023
- __ Week 3: July 3 to July 7, 2023
- __ Week 4: July 10 to July 14, 2023
- __ Week 5: July 17 to July 21, 2023
- __ Week 6: July 24 to July 28, 2023
- __ Week 7: July 31 to August 4, 2023
- __ Week 8: August 7 to August 11, 2023
- __ Week 9: August 14 to August 18, 2023

Registration Information:

KIT 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:
Before-Care? (Circle one) YES / NO | Date(s) of before-care: _____

Do you have a Forest Park parking pass? (Circle one) YES NO

The Zoo will provide you with a complimentary parking pass to enter the park if you do not have a Forest Park Parking Pass. You also have the option to purchase a Forest Park parking pass. A Forest Park parking pass is valid through December 31, 2023. This parking pass will admit the one car registered to the parking pass during park operating hours through December 31, 2023. This pass is NOT valid for Bright Nights. If you plan on visiting Forest Park after the KIT season is over, this is great option but is not necessary to enter Forest Park for KIT's alone! Please check here if you would like to purchase a pass (\$10):

Payment: Each credit card charge is subject to a 5% service charge.

Weeks of KIT: _____ x Cost per week: \$ _____ = \$ _____ + Service charge (5% of KIT total) \$ _____:

TOTAL COST: \$ _____

(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 and accept 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 Zoo KIT in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact Zoo KIT families as soon as possible to discuss alternate drop-off, pick-up or Zoo KIT closing.

-Zoo KIT serves children ages 6 to 13 only.

-No refunds will be processed unless documentation from a medical provider is provided stating a medical exemption from participation in Zoo KIT (or for dismissal from Zoo KIT; see KITer code of conduct on page 6).

-PAYMENT MUST BE MADE UPON REGISTRATION (credit card/cash). Checks and all outstanding paperwork must be submitted within (7) days of submitting the registration or the spot will be released with no refund.

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. 3
Email: education@forestparkzoo.com
Fax: 413-733-2330

Medical Information

IMMUNIZATION RECORDS MUST BE ATTACHED

KIT'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.

Authorization to Administer Medication to a KIT

(must be completed by a parent/guardian only if KIT will need medication administered during the KIT day)

Zoo KIT and Parent/Guardian Information:

KIT's Name: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis: _____

Licensed Prescriber: _____

Phone Number: _____ Fax Number: _____

Medication Information:

Name of Medication 1: _____

Dose Given at KIT: _____

Frequency: _____

Route of Administration (oral, injectable, etc.): _____

Date Ordered: _____

Duration of Order: _____

Quantity Received: _____

Expiration Date of Medication Received: _____

Special Storage Requirements (fridge, etc.): _____

Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Name of Medication 2: _____

Dose Given at KIT: _____

Frequency: _____

Route of Administration (oral, injectable, etc.): _____

Date Ordered: _____

Duration of Order: _____

Quantity Received: _____

Expiration Date of Medication Received: _____

Special Storage Requirements (fridge, etc.): _____

Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other Medications (not taken at Zoo KIT): _____

Authorization Information:

I hereby authorize the Health Care Consultant of properly trained health care supervisor at Zoo KIT at The Zoo in Forest Park to administer to my child, _____, the medication(s) listed above, in accordance with 105 CMR 430.160© and 105 CMR.160(D).

If above listed medication instructions include epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the Health Care Consultant (circle one).

YES NO

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer (circle one).

YES NO

If the above listed medication includes insulin for diabetes management:

I hereby authorize my child to self-administer, with approval of the health care consultant (circle one).

YES NO

Signature: _____ Date: _____

Name of Parent/Guardian: _____

PLEASE INCLUDE A COPY OF YOUR CHILD'S MEDICATION ACTION PLAN (PROVIDED BY YOUR MEDICAL PROVIDER).

Consent Form:

Please initial on line after each statement.

The Zoo cannot guarantee that any of the below listed activities will happen each week.

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. _____

I give The Zoo in Forest Park & Education Center permission to apply sunscreen and bug spray that I provide for my KITer. _____

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. _____

I give The Zoo in Forest Park & Education Center permission to take my child to the adjacent playgrounds, fields, and ponds inside Forest Park with proper supervision and weather permitting. This includes the sprinkler pad. _____

I give The Zoo in Forest Park & Education Center permission show G and PG rated animal themed movies, TV shows, and videos during the KIT day during inclement weather, including excessive heat or cold and thunder storms. _____

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child/KIT), give my permission for them to participate in Zoo KIT 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: _____

Parent/Guardian & Authorized Pick-Up Info:

Parent/Guardian #1: _____
Email Address: _____
Relationship to Child: _____
Home Address: _____
Home Phone Number: _____
Work Address: _____
Work Phone Number: _____
Cell Phone Number: _____

Parent/Guardian #2: _____
Email Address: _____
Relationship to Child: _____
Home Address: _____
Home Phone Number: _____
Work Address: _____
Work Phone Number: _____
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.

Other Contact #1: _____
Relationship to Child: _____
Cell Phone Number: _____

Other Contact #2: _____
Relationship to Child: _____
Cell Phone Number: _____

Other Contact #3: _____
Relationship to Child: _____
Cell Phone Number: _____

Other Notes for Zoo KIT Staff:

KIT Code of Conduct

Please review the below with your KIT and sign.

- Show respect to your fellow KIT – keep your hands to yourself and be courteous with your words.
- Always make sure you can see your Zoo KIT counselor.
- Follow instructions from Zoo staff at all times.
- Respect the environment and do not litter.
- Do not cross barriers, climb fences, or touch gates and locks without explicit permission from Zoo staff.

Any behavior that detracts from the positive experience of fellow Zoo KITs or threatens their safety may lead to consequences including dismissal from Zoo KIT. The Zoo reserves the right to dismiss any KIT for any inappropriate or unsafe behavior as determined by the Zoo KIT Director. The Zoo KIT Director and/or Zoo KIT staff will always make an effort to discuss and resolve any concerns or issues with a Zoo KIT and their adult(s). If a problem persists and cannot be corrected, the decision to dismiss a KIT will be made by the Zoo KIT Director. **NO REFUNDS** will be given for KITs who are dismissed from Zoo KIT.

Signature of KIT

Date

Signature of Adult

Date