



THE ZOO
IN FOREST PARK &
EDUCATION CENTER

Zoo School Group Classes

at The Zoo in Forest Park

Zoo School Group Class participants will have a unique opportunity to experience The Zoo with a Zoo educator by their side! These 1-hour programs offer children a chance to interact closely with a variety of zoo ambassador animals, including goats, sheep, pigs, chickens, rabbits, snakes, lizards, parrots, insects and more, while also participating in STEAM activities that meet Massachusetts state education standards in literacy and science, math, engineering, art, or math.

Cost

Members: \$20/per person

Nonmembers: \$25/per person

Minimum enrollment: 10 participants

Maximum enrollment: 20 participants

Session dates (check all that apply):

- Tuesday, September 21, 2021, 1 p.m. to 2 p.m.: Animal Adaptations
 Tuesday, September 28, 2021, 1 p.m. to 2 p.m.: Enrichment
 Friday, October 1, 2021, 10 a.m. to 11 a.m.: Poetry in Nature
 Tuesday, October 5, 2021, 10 a.m. to 11 a.m.: Native vs. Invasive Species
 Thursday, October 14, 2021, 1 p.m. to 2 p.m.: Theater in the Science Classroom
 Tuesday, October 26, 2021, 10 a.m. to 11 a.m.: Herbivores, Omnivores, and Carnivores

Program Registration Information

Please regular mail, fax, or email this registration packet in its entirety to the address on page 2.

Name of Child: _____ Age: _____ *Zoo School Group Classes are best suited for children ages 6 to 11* Pronouns: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone Number to Reach You: _____ or _____

Email: _____

Payment (please circle one): **Check** **Visa** **Master Card** **Discover** (The Zoo does **not** accept American Express cards.)

Total Enclosed: \$ _____

Name on Card: _____ Card Number: _____

CVC: _____ Expiration Date: ____ / ____ Signature: _____

Make checks payable to:

Forest Park Zoological Society

The Zoo in Forest Park & Education Center

P.O. Box 80295 | Springfield, MA 01138-0295

Phone: 413-733-2251, ext. 305 | Fax: 413-733-2330

Email: education@forestparkzoo.com | Website: www.forestparkzoo.org

Important Information:

- 🐾 These programs require pre-registration. Paperwork and payment are needed by 5 p.m. the Thursday prior to the requested session(s).
- 🐾 Reservations will only be charged once the minimum registration requirement has been met.
- 🐾 Refunds will not be processed without a note from a medical professional.
- 🐾 We will be outside for the duration of the program – please make sure all participants are prepared for the weather.
- 🐾 Transportation is **not** available to or from the Zoo School Group Class program.
- 🐾 In the case of inclement weather, every effort will be made to reschedule the program; session dates may be switched only if there is room to accommodate additional guests on the requested date.

Medical Information

Participant's Name: _____ Age: _____

List any pertinent medical conditions of which we should be aware (i.e. allergies, recent injuries, etc.):

***Medication will not be administered by zoo staff during the duration of these programs.**

Date of last tetanus vaccination: _____

Physical description of child or current picture

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

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Child's Physician: _____ Phone: _____

Address: _____

Consent Form:

Please initial on 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. _____

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

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child), give my permission for them to participate in **the Zoo School Group Class program** 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: _____

This page will be kept with Zoo Educators for pick-up confirmation & in case of emergency.

Parent/Guardian & Authorized Pick-Up Info:

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

Parent/Guardian #2 Name: _____
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 will be picking up.

Children will not be released to anyone except the parents/guardians and those who are listed below unless written confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.

Contact #1:	Contact #2	Contact #3
Name:	Name:	Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:	Phone Number: