



# Summer Zoo Camp Registration

**THE ZOO**  
IN FOREST PARK &  
EDUCATION CENTER

*Forest Park*  
*Zoological Society*

Post Office Box 80295  
Springfield, MA  
01138-0295

**Weekly Rates:**  
Member: \$200.00  
Nonmember: \$220.00

**Daily Rates:**  
Member: \$50/day  
Nonmember: \$55/day

**Before Care and After Care:**  
Before Care (8 a.m. to 9 a.m.): \$10.00 per day  
After Care (3 p.m. to 5 p.m.): \$10.00 per day

**Session Dates (check all that apply):**  
 **Week 1:** June 24 to June 28     **Week 6:** July 29 to August 2  
 **Week 2:** July 1 to July 5         **Week 7:** August 5 to August 9  
 **Week 3:** July 8 to July 12        **Week 8:** August 12 to August 16  
 **Week 4:** July 15 to July 19       **Week 9:** August 19 to August 23  
 **Week 5:** July 22 to July 26



## Camper Information:

Camper Name: \_\_\_\_\_ Age\* (*Zoo Camp serves children ages 6 to 13*): \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ or \_\_\_\_\_

Email: \_\_\_\_\_

Camp Session Date(s): \_\_\_\_\_

Before Care: Yes / No

Day(s): \_\_\_\_\_ Drop-Off Time: \_\_\_\_\_

After Care: Yes / No

Day(s): \_\_\_\_\_ Pick- Up Time: \_\_\_\_\_

*\*Drop-off and Pick-up times are very important. Our staff will make every effort to be at the front gate by the listed time to meet you and your child for drop-off or pick-up. Please reach out to the Education Department via phone at 413-733-2251 with any concerns.*

## Payment:

**TOTAL COST: \$** \_\_\_\_\_

(Please circle one): Check Cash Visa MasterCard Discover

*\*The Zoo does not accept American Express credit cards.*

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

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_






City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

## Important Information:

-  We are a reservation only camp. Paperwork & payment are needed 10 business days prior to your session.
-  Reservations aren't confirmed until paid in full.
-  Campers will be going outside for short periods every day. Please make sure your child is prepared for the weather.
-  Up-to-date immunizations are required prior to your child attending Zoo Camp.
-  All campers **MUST** be 6 years old by the start date of their first session. Zoo Camp serves children ages 6 to 13.

Child \_\_\_\_\_  
Age \_\_\_\_\_  
Week of Camp \_\_\_\_\_

### Child Pick-Up/Emergency Contact Information Form

This list of contacts you provide the Zoo in Forest Park and Education Center will be used in case of an emergency and the parent/guardian cannot be reached. The list will also serve as a release form. Please supply a written note to the Zoo Camp Director if anyone other than the parent 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 the Zoo Camp director.**

An ID will be required at the time of pick-up.

1. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

2. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

3. Name:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

I give permission to the above listed contacts to pick up my child from the Zoo in Forest Park and Education Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Please note that all information is kept confidential\*\*\*\*\*

# Zoo Camp:

## Medical Information

**\* IMMUNIZATION RECORDS MUST BE ATTACHED\***

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Week of Camp \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus vaccination \_\_\_\_\_

### Physical Description of Child or Current picture

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Consent Form: Please initial on line after each statement

I understand that the staff at the Zoo in Forest Park and 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 and 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 and Education Center permission to take my child to the adjacent playgrounds, fields, and ponds with proper supervision and weather permitting. This does NOT include pool or sprinkler park. \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please include a copy of immunization records.**

Child \_\_\_\_\_  
Age \_\_\_\_\_  
Week of Camp \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Please note that all information is kept confidential\*\*\*\*\*



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Child \_\_\_\_\_

Age \_\_\_\_\_

Week of Camp \_\_\_\_\_

# Zoo Camp

## Permission Slip & Release

I, (print name) \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ (camper's name), give my permission for him/her to  
participate in **Zoo Camp** 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 (ie 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.

Parent/Guardian signature \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date \_\_\_\_\_