



# Vacation 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):**  
\_\_ **December Camp:** December 23, 2019, December 26, 2019 &  
December 27, 2019; \$140 member, \$150 nonmember  
\_\_ **February Camp:** February 17, 2020 to February 21, 2020  
\_\_ **April Camp:** April 20, 2020 to April 24, 2020



## 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 outside for most of the 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.
-  Submit all paperwork by snail mail, email, or fax (information below).

# Medical Information

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

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

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: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

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

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

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

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

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

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

**Please include a copy of up-to-date immunization records.**

## 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 playgrounds, fields, and ponds inside Forest Park with proper supervision and weather permitting. This includes the pool and/or sprinkler park. \_\_\_\_\_

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

## Parent/Guardian & Authorized Pick-Up Info:

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

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

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

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

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

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

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

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

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

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

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

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

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 or e-mailed note to Caroline Cay Adams, Programs Zookeeper, 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, Programs Zookeeper. 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

