



The Zoo in Forest Park & Education Center

Keeper-in-Training (KIT) Registration Form

THE ZOO
IN FOREST PARK

Forest Park
Zoological Society

Cost:

1 week, half day
(A.M.: 9 a.m. to 12 p.m. or P.M.: 1
p.m. to 4 p.m.)
Members: \$50
Nonmembers: \$60

1 week, full day (9 a.m. to 4 p.m.)*

Members: \$100

Nonmembers: \$110

**Please note that full-day KIT's will be eating lunch
from 12:15 p.m. to 12:45 p.m. each day.*

Single shifts (A.M. or P.M.; subject to availability):

Members: Half day: \$10 per shift

Nonmembers: Half day: \$12 per shift

Members: Full day: \$20 per day

Nonmembers: Full day: \$24 per day

Session dates:

Week 1: June 21 to June 25

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 2: June 29 to July 2

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 3: July 5 to July 9

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 4: July 12 to July 16

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 5: July 19 to July 23

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 6: July 26 to July 30

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 7: August 2 to August 6

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 8: August 9 to August 13

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

Week 9: August 16 to August 20

Full day shift, 9 a.m. to 4 p.m.

A.M. shift, 9 a.m. to 12 p.m.

P.M. shift, 1 p.m. to 4 p.m.

KIT Information

KIT Name: _____ Age: _____ Preferred Pronouns: _____

Name of Parent or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ or _____

Email (best email to deliver updates and information to): _____

**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 KIT for drop-off or pick-up. Please reach out to the Education Department via phone at 413-733-225, ext. 305 with any questions or concerns.*

Payment

Check (no. _____) Visa MasterCard Discover Cash

**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 program. Paperwork & payment are needed 10 business days prior to your first session.
- Reservations aren't confirmed until paid in full.
- Additional sessions must be added, and confirmed by staff, at least 24 hours prior to the start of the requested session.
- KITs will be going outside during most hours of the program each day. Please make sure your child is prepared for the weather and daily activities (boots, jackets, etc.).
- Up-to-date immunizations are required prior to your child attending the Keeper-in-Training program.



**Please send completed registrations
(including all additional required paperwork) to:**

The Zoo in Forest Park & Education Center

C/O: Caroline Cay Adams

P.O. Box 80295

Springfield, MA. 01138-0295

Education Office: 413-733-2251, ext. 305

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

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, etc.):

***If your child will need medication during KIT hours, please reach out prior to your session start date. The Zoo requires a medication administration authorization to be completed. We will also need a copy of the plan of action for your child's medication administration and/or allergy.**

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: _____

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: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child/KIT), give my permission for them to participate in the **Keeper-in-Training Program (KIT 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: _____

KIT Driving Release

If your KIT will be driving themselves to and from the program, please fill out the release below.

I, (parent/guardian name) _____, parent/guardian of (**Keeper-in-Training (KIT) participant**) _____, hereby release The Zoo of any and all liability regarding my KIT driving themselves to and from the Keeper-in-Training program. I am also aware that my KIT must adhere to Forest Park driving and parking regulations and that The Zoo is not responsible for any damage/theft/other concerns regarding the car driven to and from the KIT program.

Signature: _____ Date: _____

Parent/Guardian & Authorized Pick-Up Info:

This page will be kept with KIT coordinator each day for pick-up confirmation & in case of emergency.

Parent/Guardian 1: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Work Address: _____

Parent/Guardian 2: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Work Address: _____

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. 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 & Zoo Camp Director. An ID will be required at the time of pick-up.

Name: _____
Relationship to Child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

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

Other Notes for Zoo Staff:
