After-School Safari

at The Zoo in Forest Park

After-School Safari participants will have a unique opportunity to experience The Zoo after-hours! These 1-hour after-school programs offer children a chance to interact closely with a variety of zoo animals, including goats, sheep, pigs, chickens, ferrets, rabbits, snakes, lizards, parrots, insects, and more, while also participating in science, literacy, and art cross-hatched lessons.

Cost:

**Individual class:**
- Nonmember: $25
- Member: $20

Sessions: Maximum of 10 children per session, requires at least (3) participants to run program

- Thursday, September 12, 2019: Enrichment
- Thursday, September 19, 2019: Backyard Buddies (Native species)
- Thursday, September 26, 2019: Poo at The Zoo
- Thursday, October 10, 2019: Bug Club
- Thursday, October 17, 2019: What’s on the Menu? (Omnivores, Carnivores, and Herbivores)
- Thursday, October 24, 2019: Food Web
- Thursday, November 7, 2019: Animal Adaptations
- Thursday, November 14, 2019: Introduction to Animal Care
- Thursday, January 2, 2019: Introduction to Veterinary Care
- Thursday, January 9, 2019: Animal Signs & Tracking
- Thursday, January 16, 2019: Living Dinosaurs
- Thursday, January 23, 2019: Seeds (Farm to Table)
- Thursday, January 30, 2019: Zoo Diets

*****Please note that all information is kept confidential*****
Program Registration Form

Name of Child: ___________________________ Age: ______
Name of Parent/Guardian: __________________________________________
Address: ______________________________________________________________________
City: ___________________________ State: ______ Zip Code: ________________
Best Phone Number to Reach You: __________________ or __________________
Email: _______________________________________________________________________
Session Date(s): ____________________________________________________________

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

Name on Card: ____________________________________________________________
Account Number: ______________________________________________________________________
CVC: _________  Expiration Date: ____ / ____
Signature: _______________________________________________________________________

Important Information:
☆ These programs require preregistration. Paperwork and payment are needed seven business
days prior to your session.
☆ Additional paperwork needed (available on website): medical information form,
  parent/guardian info form, emergency contact form, and permission/release form.
☆ Reservations aren’t confirmed until paid in full.
☆ We will be outside for the duration of the program – please make sure all participants are
  prepared for the weather.
☆ Transport is not available to or from the After-School Safari 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.

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

*****Please note that all information is kept confidential*****
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: ________________________ Sex: ________
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 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.

*****Please note that all information is kept confidential*****
PARENT/GUARDIAN INFORMATION:

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

*****Please note that all information is kept confidential*****
I, (print name) __________________________, the parent/guardian of __________________________ (child/children), give my permission for him/her to participate in After-School Safari 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.

Signature: ________________________________________________
Parent/Guardian name: _______________________________________
Address: ___________________________________________________
Telephone: _______________________
Date: ______________

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