



THE ZOO
IN FOREST PARK &
EDUCATION CENTER

*Forest Park
Zoological Society*

Post Office Box 80295
Springfield, MA
01138-0295

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: _____

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 & 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*******

Permission Slip & Release

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: _____