

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

Forest Park **Zoological Society**

Post Office Box 80295 Springfield, MA 01138-0295

Card Number: _____

Signature: _

Summer Zoo Camp Registration

Weekly Rates: Member: \$230.00 **Nonmember:** \$250.00

City: _____ State: ____ Zip: ____

Expiration Date: ____/ ___ CVC: _____

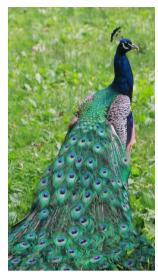
Daily Rates: Member: \$55/day Nonmember: \$60/day

Sessions run weekdays 9 a.m. to 4 p.m.

Before-Care, 8 a.m. \$10 per day

Session Dates (check all that apply):

___ **Week 6:** July 27 to July 31 Week 2: June 29 to July 3 ____ Week 7: August 3 to August 7 Week 3: July 6 to July 10 ____ Week 8: August 10 to August 14 Week 9: August 17 to August 21 **Week 4:** July 13 to July 17 Week 5: July 20 to July 24



Campe	er intorma	ation:
Campar Nama	A ~ * (7 · · ·	Caust some shildren ages (to 12).
Camper Name:		
Name of Parent or Guardian:		
Home Address:	Ctata	7:
Phone Number	State:	Zip:
City: Phone Number: Email:		Check this box to be added to our e-mailing list
Before-Care? Please circle one: YES / NO Date(s):		Cheek this box to be added to our e-maining list
A Forest Park parking pass is valid through December 3 parking pass during normal park operating hours through Please check this box if you require an end-of-year tax	hout 2020.	
Payment:		
TOTAL COST: \$		
(Please circle one): Check Cash Visa MasterCard Disc	cover	
*The Zoo does not accept American Express credit cards.		
* Please make checks payable to: Forest Park Zoological So	ociety	
Name on Card:		
Billing Address:		

Important Information:

- We are a reservation only camp. Paperwork & payment are needed by 3 p.m. the Thursday prior to your requested session. Reservations are **NOT** confirmed until paid in full.
- **W** Up-to-date immunizations & records are required **prior** to your child attending Zoo Camp.
- Campers will be outside for the majority of the day. Please make sure your camper is dressed appropriately for the forecasted weather. Please make sure to send your camper with additional items of clothing in case of rain, wind, etc. (rain coat, extra shirt, extra pants, water shoes, etc.)
- 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.

The Zoo in Forest Park & Education Center

P.O. Box 80295 Attn: Zoo Camp Springfield, MA 01138-0295

Phone: 413-733-2251 ext. 305 | **Fax**: 413-733-2330

Email: education@forestparkzoo.com | Website: www.ForestParkZoo.org

Medical Information

* IMMUNIZATION RECORDS MUST BE ATTACHED*

Camper's Name:		Age:	
List any pertinent medica	l conditions of which we should	d be aware (i.e. allergies, recent in	njuries, etc.):
Medication list (including	g medication taken off-site/at h	ome):	
requires a medication adr	ninistration authorization to be n administration and/or allerg	olease reach out prior to your sess completed. We will also need a c	
Physical description of ch	ild or current picture:		
-	-	Gender Identity:	
Height:	Weight:	Skin Color:	
Identifying Marks:			
	Phor	ne:	

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 Ce 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 medical emergency treatment facility and to authorize necessary treat	
I give The Zoo in Forest Park & Education Center permission to tak inside Forest Park with proper supervision and weather permitting. T	
Parent/Legal Guardian Signature:	Date:
Permission Slip I, (print name)	
I, (print name) (child), give my Zoo in Forest Park. I (and my child) agree to be bound by all rules are Society operating the Zoo in Forest Park, and to use due care and care	nd regulations established by the Forest Park Zoological
I agree to hold harmless, the Forest Park Zoological Society, Inc., its injuries and damage (i.e. allergies, etc.) incurred by my child while on during operating hours.	
I hereby give Forest Park Zoological Society, Inc., its assigns, licensed Applicant's name, picture or likeness in all forms and media and in all representations, for advertising, trade, or any other lawful purpose, as version(s), including written copy that may be created in connection	Il manners, including composite and distorted nd waive any right to inspect or approve the finished
I am the parent or guardian of the applicant minor named above and have read this release and am fully familiar with its contents. I approx	
Signature:	Date:

This page will be kept with Zoo Camp counselors each day for pick-up confirmation & in case of emergency.

Parent/Guardian & Authorized Pick-Up Info:

Email Relation Home Work Work Cell Pl	Parent/Guardian Name:		
ot be reached. The list will also serve as	s a release form. Please supply a written or e-mailed ne parent, guardian or emergency contacts will be		
	s and those who are listed below unless written		
Cay Adams, Programs Zookeeper 8	& Zoo Camp Director. An ID will be required at		
Relationship to Child: Home Phone:	Relationship to Child: Home Phone:		
Cell Phone:	Cell Phone:		
contacts to pick up my child from the	e Zoo in Forest Park and Education Center.		
	Date		
ner Notes for Zoo (Camp Staff:		
	Relationship to Child: Name: Relationship to Child: Relationship to Child: Relationship to Cell P		