

Zoo School Registration

Cost:

\$35 per session OR \$130 for all 4 (\$10 discount)

Limit:

10 children per session date.

Session dates (check all that apply):

___ October 11, 10:30 a.m. to 11:30 a.m.

Theme: adaptations - An education staff member will lead an interactive activity and discussion that relates to both physical and behavioral adaptations of various species of animals.

___ October 27, 10:30 a.m. to 11:30 a.m.

Theme: herbivores, omnivores, and carnivores – An education staff member will provide various bags containing a series of replica skulls from different animals to discuss the differences between herbivores, omnivores, and carnivores. Participants will be able to touch and interact with the skulls.
If you book this program, please keep the presentation of the replica skulls a secret leading up to the program!

___ November 1, 10:30 a.m. to 11:30 a.m.

Theme: Theatre in the Science Classroom

An education staff member will lead an interactive theatre activity. During the activity, participants will learn literature and writing terminology (rising action, climax, falling action, etc.). Students will engage with a familiar fairytale and create tableaux (frozen statues) of the main parts of their story culminating in a chance for each group to share their work.

___ November 10, 10:30 a.m. to 11:30 a.m.

Theme: winter changes - An education staff member will lead an interactive activity and discussion that relates to the changes various animals go through to prepare and survive winter.

Registration Information:

Participant Name: _____ Age: _____ Pronouns: _____

Name of Parent or Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ or _____

Email: _____

Check this box to be added to our e-mailing list: ☐

Payment:

Number of sessions attending: _____ x Cost per session: \$_____ = **TOTAL COST: \$**_____

(Please circle one): Check Cash Visa MasterCard Discover *The Zoo does **not** accept American Express credit cards.

Name on Card: _____ Signature: _____

Card number: _____ Expiration: _____ / _____ CVC: _____

Please make checks payable to: **Forest Park Zoological Society.**

Important Information

Please initial here to confirm you have read the below information ____

Registrations will be confirmed via the email provided within 3 business days. If you do not receive an email in your inbox or spam box, please reach out to confirm that The Zoo received registration.

- The Zoo hosts Zoo School in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact Zoo School families as soon as possible to discuss alternate drop-off, pick-up or Zoo closing.
- Zoo School serves children ages 6 to 12 only.
- **No refunds will be processed unless documentation from a medical provider is provided stating a medical exemption from participation in Zoo School.**

Please send completed registrations to:

The Zoo in Forest Park & Education Center

P.O. Box 80295 | Springfield, MA. 01138-0295

Education Office: 413-733-2251, ext. 923

Email: education@forestparkzoo.com

Medical Information

*** IMMUNIZATION RECORDS MUST BE ATTACHED ***

Participant's Name: _____ Age: _____

List any pertinent medical conditions of which we should be aware (i.e. medical conditions, neurodivergent diagnoses such as ADHD, ASD, other diagnoses such as anxiety or PTSD, allergies, recent injuries, etc.):

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: _____

Does your child have an IEP (individualized education program) at school? YES / NO

If yes, please attach a copy to the registration.

Signature: _____

Date: _____

Name of Parent/Guardian: _____

Consent Form:

Please initial on the 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. ____

Parent/Legal Guardian Signature: _____ Date: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of _____ (child/camper), give my permission for them to participate in **Zoo School** 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: _____

Authorized Pick-Up

Parent/Guardian #1: _____
Email Address: _____
Relationship to Child: _____
Cell Phone Number: _____

Parent/Guardian #2: _____
Email Address: _____
Relationship to Child: _____
Cell Phone Number: _____

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. Contacts will be called in the order in which they are listed beginning with the Parent/Guardian #1. The list will also serve as a release form. Please supply a written or e-mailed note to Caroline Cay Adams, Director of Education, if anyone other than the parent, guardian or emergency contacts below will be picking up.

Children will not be released to anyone except those who are listed on this page unless written or verbal confirmation is given to Caroline Cay Adams, Director of Education. An ID will be required at the time of pick-up.

Authorized pick-up #1:
Name: _____
Relationship to Child: _____
Cell Phone Number: _____

Authorized pick-up #2:
Name: _____
Relationship to Child: _____
Cell Phone Number: _____

Authorized pick-up #3:
Name: _____
Relationship to Child: _____
Cell Phone Number: _____

Other Notes for Zoo School Staff:
