

Keeper-in-Training Registration Packet 2024



KIT Name: _____

Important Information:

-Registrations are processed on a rolling basis. Confirmation will be via the email provided within 5 business days. If you do not receive an email in your inbox or spam box, please reach out to confirm that The Zoo received the registration.

-The Zoo hosts the KIT program in all weather. If there is an extenuating weather event (i.e. blizzard, tornado, etc.), Zoo Staff will contact KIT families as soon as possible to discuss alternate drop-off, pick-up or The Zoo closing.

-The KIT program serves children ages 14 to 17 only. Certain accommodations can be made for fall birthdays. Please contact the Education Department **prior** to filling out an application if this applies to your child.

-No refunds will be processed unless documentation from a medical provider is provided stating a medical exemption from participation in the KIT program (or for dismissal from the KIT program; see KIT code of conduct on page 6).

-PAYMENT MUST BE MADE UPON REGISTRATION (credit card/cash). Checks and all outstanding paperwork must be submitted within (7) days of submitting the registration or the spot will be released with no refund.

Please send completed registrations to:
The Zoo in Forest Park & Education Center
P.O. Box 80295 | Springfield, MA 01138

Education Office: 413-733-2251, ext. 932
Email: programs@forestparkzoo.com
Zoo Cell: 413-729-4332

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Registration Information:

Weekly Rates:

Member: \$155.00

Nonmember: \$165.00

Before-Care, 8 a.m. drop-off

\$12 per day

\$60 per week

Session Dates (please select all that apply):

___ Week 1: June 17 to June 21, 2024

___ Week 2: June 24 to June 28, 2024

___ Week 3: July 1 to July 5, 2024

___ Week 4: July 8 to July 12, 2024

___ Week 5: July 15 to July 19, 2024

___ Week 6: July 22 to July 26, 2024

___ Week 7: July 29 to August 2, 2024

___ Week 8: August 5 to August 9, 2024

___ Week 9: August 12 to August 16, 2024

KIT 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: ☐

Before-Care? (Circle one) YES / NO | Date(s) of before-care: _____

Do you have a Forest Park parking pass? (Circle one) YES NO

The Zoo will provide you with a complimentary parking pass to enter the park if you do not have a Forest Park Parking Pass. You also have the option to purchase a Forest Park parking pass. A Forest Park parking pass is valid through December 31, 2024. This parking pass will admit the one car registered to the parking pass during park operating hours. This pass is NOT valid for Bright Nights. If you plan on visiting Forest Park after the Zoo Camp season is over, this is great option but is not necessary to enter Forest Park for Zoo Camp alone! Please check here if you would like to purchase a pass (\$10): ☐

Payment: \$15 discount available if you pay by cash or check.

Weeks of KIT program: _____ x **Cost per week:** \$ _____ = \$ _____ + **Parking pass** (if purchasing one) \$ _____ - \$15 discount (if paying by cash or check) = **TOTAL COST:** \$ _____

(Circle one): Check Cash Visa MasterCard Discover American Express

Name on Card: _____ **Signature:** _____

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

Please make checks payable to: Forest Park Zoological Society

Medical Information

*** IMMUNIZATION RECORDS MUST BE ATTACHED TO REGISTRATION***

KIT'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.

Authorization to Administer Medication to a KIT

(this section must only be completed if KIT will need medication administered during the program day)

KIT and Parent/Guardian Information:

KIT's Name: _____ Age: _____

Food/Drug Allergies: _____

Diagnosis: _____

Licensed Prescriber: _____

Phone Number: _____ Fax Number: _____

Medication Information:

Name of Medication 1: _____

Dose Given at KIT program: _____

Frequency: _____

Route of Administration (oral, injectable, etc.): _____

Date Ordered: _____
Duration of Order: _____
Quantity Received: _____
Expiration Date of Medication Received: _____
Special Storage Requirements (fridge, etc.): _____
Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Name of Medication 2: _____
Dose Given at KIT program: _____
Frequency: _____
Route of Administration (oral, injectable, etc.): _____
Date Ordered: _____
Duration of Order: _____
Quantity Received: _____
Expiration Date of Medication Received: _____
Special Storage Requirements (fridge, etc.): _____
Special Directions (i.e. take on an empty stomach, with water, etc.): _____

Special Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other Medications (not taken at Zoo Camp): _____

Authorization Information:

I hereby authorize the Health Care Consultant of properly trained health care supervisor at the Keeper-in-Training Program at The Zoo in Forest Park to administer to my child, _____, the medication(s) listed above, in accordance with 105 CMR 430.160© and 105 CMR.160(D).

If above listed medication instructions include epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the Health Care Consultant (circle one).

YES NO

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer (circle one).

YES NO

If the above listed medication includes insulin for diabetes management:

I hereby authorize my child to self-administer, with approval of the health care consultant (circle one).

YES NO

Signature: _____ Date: _____

Name of Parent/Guardian: _____

PLEASE INCLUDE A COPY OF YOUR CHILD'S MEDICATION ACTION PLAN (PROVIDED BY YOUR MEDICAL PROVIDER).

Consent Form:

Please initial on line after each statement.

The Zoo cannot guarantee that any of the below listed activities will happen each week.

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. _____

I give my child permission to apply sunscreen and bug spray that I provide for my KIT. _____

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, wooded areas, and ponds inside Forest Park with proper supervision and weather permitting. This includes the sprinkler pad but not the pool. _____

I give The Zoo in Forest Park & Education Center permission show G and PG rated animal themed movies, TV shows, and videos during the camp day during inclement weather, including excessive heat or cold and thunder storms. _____

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 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:** _____

Parent/Guardian & Authorized Pick-Up Info:

Parent/Guardian #1 and #2 should be the legal parents/guardians. of the camper and/or the person filling out this form.

If someone may be picking up your KIT at any point, your name **MUST** appear on **THIS** page.

Parent/Guardian #1: _____

Email Address: _____

Relationship to Child: _____

Home Address: _____

Home Phone Number: _____

Work Address: _____

Work Phone Number: _____

Cell Phone Number: _____

Parent/Guardian #2: _____

Email Address: _____

Relationship to Child: _____

Home Address: _____

Home Phone Number: _____

Work Address: _____

Work Phone Number: _____

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.

Other Contact #1: _____

Relationship to Child: _____

Cell Phone Number: _____

Other Contact #2: _____

Relationship to Child: _____

Cell Phone Number: _____

Other Contact #3: _____

Relationship to Child: _____

Cell Phone Number: _____

Other Notes for Zoo Staff:

If your camper has a family member, friend, or other child they would prefer to be grouped with, please list that below.

No guarantee can be made as groups are based off of a variety of factors including camper age, staff members supervising the group, and locally mandated camper to staff ratio.

Rosters will be created the week prior to camp and changes will not be made (with exception for behavioral needs only).

KIT Code of Conduct

Please review the below with your camper and sign.

- Show respect to your fellow campers – keep your hands to yourself and be courteous with your words.
- Always make sure you can see your KIT coordinator.
- Follow instructions from Zoo staff at all times.
- Respect the environment and do not litter.
- Do not cross barriers, climb fences, or touch gates and locks without explicit permission from Zoo staff.

Any behavior that detracts from the positive experience of fellow KITs or threatens their safety may lead to consequences including dismissal from KIT. The Zoo reserves the right to dismiss any camper for any inappropriate or unsafe behavior as determined by the Zoo Camp Director. The Zoo Camp Director and/or Zoo staff will always make an effort to discuss and resolve any concerns or issues with a KIT and their adult(s). If a problem persists and cannot be corrected, the decision to dismiss a KIT will be made by the Zoo Camp Director. NO REFUNDS will be given for campers who are dismissed from the KIT program.

Signature of KIT

Date

Signature of Adult

Date