



Fall & Spring Registration Form

● PLEASE PRINT CLEARLY ●
● ONE PERSON PER FORM ● PHOTOCOPY AS NECESSARY ●

REGISTRATION: Registrations must be received at least two weeks prior to the program date. Registration forms can be mailed or dropped off (no facsimiles accepted). Students may register for programs only within their grade/age level. Zoo Friends Members receive a discount on program fees as indicated. Programs for Young Children require the participation of at least one parent (adult). In order for your child to receive your full attention during our Programs for Young Children, **no unregistered children (siblings, infants, etc.) may attend.** Thank you for your understanding. **PARKING:** Please plan to park or drop off participants. Options include the Zoo's parking lots for a fee (Zoo Friends members can use their parking benefits), free street parking throughout Forest Park, or limited 15-minute parking in front of the Zoo's Administration Building. **PAYMENT:** Complete payment is required at the time of registration. Credit cards and checks are accepted. Preferred payment is by credit and debit cards. All checks received for program registration will be endorsed and deposited upon receipt. However, for those programs that are sold out, checks will be returned. Please note: A deposited check does not guarantee that you have been enrolled in the program or that your registration is complete. **CANCELLATIONS:** A refund less an \$8 processing fee will be issued if your cancellation is received no later than two weeks prior to the first day of the program in which you are registered. We reserve the right to cancel a program due to low enrollment (full refund will be issued). **TRANSFERS:** Two weeks notice and an \$8 processing fee is required to transfer. **LOCATION:** Most programs meet at the Zoo. Locations will be specified on your confirmation. **CONFIRMATIONS:** A Registration Report will be mailed after your registration is processed. For more information, please call (314) 646-4544.

I am a Zoo Friends Association (ZFA) member and can take advantage of the discount on registration fees. Membership number: _____
List Name and Address as listed on membership or if not a member, list Head of Household:

Member/Head of Household _____
Street _____ City _____ State _____ Zip _____
Phone-home (_____) _____ Phone-work (_____) _____ Phone-cell (_____) _____
E-mail address * _____

Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here if you would also like to receive occasional e-mail updates, news and information about other Zoo opportunities. We will not sell, trade or exchange your e-mail address with any third parties.

* Your Registration Report will be e-mailed to you only. If you prefer a mailing, please check here: Send Paper Confirmation.

CLAIMS RELEASE

I, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.
Adult or Parent/Guardian Signature _____ Date _____

MEDICAL CONSENT: *Please complete for Participants in Youth Programs, Home School Programs, and Keeper-For-A-Day.*

In case of emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.
Parent/Guardian Signature _____ Date _____
Emergency Contact (name/phone #) _____
Family Physician _____ Address _____ Phone Number _____
Medical Insurance Carrier _____ Policy # _____

| Participant's Name | <input type="checkbox"/> Adult <input type="checkbox"/> Child: Grade | Birth Date | |
|--|--|---|---|
| Please describe any medical condition, special need, or restricted activity of which the education staff should be aware: | | | |
| For the participant above, list each program requested. One person per form, photocopy as necessary. If the Program Code begins with: "A" – Fee is paid for adult only. "C" – Fee is paid for child only. An adult must attend with the child. "F" or "N" – Both child and adult must register and pay the fee. "Y" or "H" or Keeper-For-A-Day – Fee is paid for the child only. Child attends on his or her own. | | | |
| Program Title | Program Fee | Enter Program Code requested OR enter Date(s) for Keeper-For-A-Day program. | List Name of adult attending with child for programs beginning with "C" |
| SAMPLE Program | \$ 20 | C0131SP | Jane Doe (Mom) |
| 1. | \$ | | |
| 2. | \$ | | |
| 3. | \$ | | |
| 4. | \$ | | |
| 5. | \$ | | |
| 6. | \$ | | |

METHOD OF PAYMENT:

CHECK (Payable to: "Saint Louis Zoo Ed Dept") -
A SEPARATE CHECK MUST BE WRITTEN FOR EACH PROGRAM REQUESTED

CREDIT/DEBIT CARD - TOTAL AMOUNT DUE \$ _____
(COMPLETE the following information):
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS
ACCT NO _____ EXP. DATE (month/year) ____/____
CARDHOLDER NAME _____
CARDHOLDER SIGNATURE _____

Mail Registration Form(s) and payment to:

SAINT LOUIS ZOO
ATTN: Finance Department
One Government Drive
Saint Louis, MO 63110