Saint Louis Zoo
Animals Always®

Registration Information

Do not use this form for any ZooQuest Programs. Please refer to the appropriate ZooQuest program on our website for registration information and special forms.

REGISTRATION POLICIES:

- **Registrations close two weeks prior to the program date or when the program is sold out.**
- Registration forms can be mailed or dropped off (no facsimiles accepted).
- Students may register for programs only within their grade/age level.
- Zoo 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: Congestion on streets in Forest Park can cause a delay in your arrival time. We want to encourage you to plan extra time so that you arrive on time for your program.

Parking and drop-off options include:

- Zoo's parking lots for a fee (Zoo Members can choose to use their parking benefits)
- free street parking throughout Forest Park
- 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.
- A separate check must be sent for each program.
- For those programs that are sold out, checks will be returned.

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 Registration Report/confirmation.

CONFIRMATIONS:

A Registration Report will be e-mailed after your registration is processed. If you prefer a mailed, paper confirmation, please check the appropriate box on the registration form.

Please review all of the information listed (participants, programs, dates) and mark your calendars! Participants may not make up or receive a refund for missed programs.

For more information, please contact the Education Department at (314) 646-4544, #6.

Fall & Spring Registration Form

(NOT for use for ZooQuest Programs)

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● **PLEASE PRINT CLEARLY** ●

● **ONE PERSON PER FORM** ● **PHOTOCOPY BLANK FORMS AS NECESSARY** ●

☐ I am a Zoo Member and can take advantage of the discount on registration fees. Member # _______________ Level __________________ Exp Date ___________

List Name and Address as listed on membership or if not a member, list Head of Household:

Zoo 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.

Paid Adult Participant or Parent/Guardian Signature ____ Date_______________

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

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 First and Last Name**	___________________________________ **Participant's Relationship to Head of Household/Member above**.	☐ **Adult** ☐ **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** or **A Day With The Rays** – Fee is paid for the child only. Child attends on his or her own.

Program Title	Program Fee	Enter **Program Code** OR Enter **Date(s)** for Keeper-For-A-Day OR Enter **Date(s)** and **AM** or **PM** for A Day With The Rays.	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 fee will be charged for returned checks.
A SEPARATE CHECK MUST BE WRITTEN FOR EACH PROGRAM REQUESTED.

CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

TOTAL AMOUNT DUE $_______________ (COMPLETE the following information):

CARDHOLDER NAME ______________________________ SIGNATURE ______________________________

BILLING ADDRESS (Street) _____________________________ (City, State, Zip) ________________________

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ACCT NO ____ EXP. DATE (month/year) _____/_____

Mail Registration Form(s) and payment to:

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