

Child's Information (must be at least 3 & be able to use the restroom independently by September 1, 2015)

Legal Name (as it appears on birth certificate)		
Child prefers to be called	Birth Date	
With which gender does your child most closely identify: <input type="checkbox"/> F <input type="checkbox"/> M		
Child's Street Address		
City	State	Zip
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other_____		

Parent #1 or Guardian Information

Full Legal Name		
Home Phone	Cell phone	
Street Address		
City	State	Zip
Work Phone	Occupation	
Email Address		
Responsible for school expenses: <input type="checkbox"/> Y <input type="checkbox"/> N		

Employer

Employer Name	Phone	
Street Address		
City	State	Zip
Work Schedule		

Parent #2 or Guardian Information

Full Legal Name		
Home Phone	Cell phone	
Street Address		
City	State	Zip
Work Phone	Occupation	
Email Address		
Responsible for school expenses: <input type="checkbox"/> Y <input type="checkbox"/> N		

Employer		
Employer Name	Phone	
Street Address		
City	State	Zip
Work Schedule		
Emergency Contact #1		
Name	Relationship to Child	
Home Phone	Cell phone	
Work phone		
Street Address		
City	State	Zip
Emergency Contact #2		
Name	Relationship to Child	
Home Phone	Cell phone	
Work phone		
Street Address		
City	State	Zip
Child's Health Information		
Does your child have any health concerns or restrictions that we should know about? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes please explain		
Pediatrician	Phone	
Street Address		
City	State	Zip
<p><i>A Health exam / physical with up to date immunizations is required upon enrollment. You may provide a religious or philosophical exemption if your child does not receive immunizations. However, in the event of an outbreak of an immunizable disease, your child may not attend for the duration of the outbreak and contagious period. Please include copies with your registration form.</i></p>		

Health Policy (Signature Required)

To insure a healthy school environment, we ask that our parents cooperate with all health policies. Please review the following and sign below.

State of Missouri childcare illness regulations require that:

If a child becomes ill at school the parent will be notified immediately and the child should be picked up at once, to decrease the spread of illness.

If your child has any one of these symptoms, he or she may not attend:

Fever: 101 degrees (F) or greater (100* underarm)

- *Cough: excessive cough or croupy or horse sounding cough*
- *Head lice (including nits)*
- *Diarrhea (3-4 loose stools)*
- *Rash*
- *Bloodshot, red or swollen eyes/eyelids*
- *Sore throat*
- *Discharge from eyes, which is a sign of pink eye*
- *Vomiting*

Please do not bring your child to school until all of these symptoms have disappeared for 24 hour without the aid of Tylenol.

If your child is well enough to attend, he or she will participate in both indoor and outdoor activities. Fresh air is healthy and does not cause colds. Germs actually reproduce and spread more quickly in warm, non-circulated air.

I agree to follow the health policy and procedure above:

Parent Signature

Parent Printed Name

Date

Form continues on next page.

OFFICE USE ONLY Date Rec _____ Health Exam Rec _____ Immunizations Current _____ Illness Policy _____

Admission Date _____

Discharge Date _____

Terms And Conditions (Signature Required)

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.

Medical Consent

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 Signature

Parent Printed Name

Date

Registration Fee - \$250

REGISTRATION FEES ARE NON-REFUNDABLE

CHECK: Make check payable to *Saint Louis Zoo Education Dept.*

A fee will be charged for returned checks.
Please include your phone number and address on your check.

CREDIT CARD: We accept VISA, M/C, DISCOVER, AM. EXPRESS

CARDHOLDER SIGNATURE

CARDHOLDER NAME

BILLING ADDRESS: STREET

BILLING ADDRESS: CITY STATE ZIP

ACCOUNT NUMBER

____/____
EXP. DATE

The following forms:

- This Registration Form (3 pages)
- Physical Exam
- Immunization Record

and your payment should be mailed to:

Preschool Registration
Saint Louis Zoo
ATTN: Finance Department
One Government Drive
Saint Louis, MO 63110