

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.
- Early Childhood Programs require the participation of at least one parent (adult) for every one or two registered children. These programs are designed for caregivers to interact with, and help facilitate the learning of the registered program participant. In order to best serve all of our Early Childhood participants, unregistered children may not participate in the programs. 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

PAYMENT:

- **Complete payment is required at the time of registration.**
- Credit cards, checks or Saint Louis Zoo Gift Cards are accepted.
- A separate check must be sent for each program. For those programs that are sold out, checks will be returned. If you are using a check(s) for payment, your registrations must be received **at least three weeks** prior to your program date(s). A fee will be charged for returned checks.
- If the balance on your Zoo Gift Card does not cover the cost of all of your programs, you must include credit card information to cover the difference.
- Use of Saint Louis Zoo Gift Cards are subject to the Terms and Conditions as listed on our website: <http://www.stlzoo.org/giftcards>

CANCELLATIONS:

- A refund less an \$8 processing fee will be issued if your cancellation is received at least 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:

A two week 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

● 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 list Head of Household for General Public participants:

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.

TERMS AND CONDITIONS (Required for all program participants)

By attending an Adult Program, ALL Adults agree to the Terms and Conditions as outlined herein.

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 and volunteers 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.

If participant (listed below) is 18 years or older, participant must Sign for themselves → **Signature:**
 OR if Participant (listed below) is under 18 years, Parent/Legal Guardian must Sign →

Participant's First and Last Name: _____	<input type="checkbox"/> Child Grade: _____	<input type="checkbox"/> Adult Birth Date: _____
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Participant's Relationship to Head of Household/Member above (son, daughter, etc): _____

Check all boxes that apply to the participant. *We may contact you for additional information.*

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Anxiety | <input type="checkbox"/> I would like information about inclusion services |
| <input type="checkbox"/> Shortness of Breath on Exertion | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> ASD or PDD NOS | <input type="checkbox"/> Cannot speak conversational English |
| <input type="checkbox"/> Heat Sensitive | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Other _____ | |

List participant's allergies: Food Allergies _____ Other Allergies _____

Are there any accommodations you would like to request for the participant? We will contact you if we are unable to meet your request.

Please explain anything else you would like us to know.

At this time, are you aware of any medications that the participant will be using during the program? Yes No If yes, please specify: _____

Please note: The Zoo staff cannot administer medications.

Emergency Contact Name: _____	Phone(s): _____	Relationship to Participant: _____
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Program Title	Program Fee	Enter Program Code OR Date Choice(s)	List Name of adult attending with child for programs beginning with "C"	List Quantity Purchased (ADULT programs only) * Qty x Price = Total
SAMPLE Program	\$ 20	C0131SP	Jane Doe (Mom)	4 x \$25 = \$100
1.	\$			_____ x \$ _____ = \$ _____
2.	\$			_____ x \$ _____ = \$ _____
3.	\$			_____ x \$ _____ = \$ _____
4.	\$			_____ x \$ _____ = \$ _____

* By attending an Adult Program, ALL Adults agree to the Terms and Conditions as outlined above.

METHOD OF PAYMENT Complete payment is due at the time of registration.

CHECK – A fee will be charged for returned checks.

- Please make all checks payable to: "Saint Louis Zoo Ed Dept"
- A SEPARATE CHECK MUST BE WRITTEN FOR EACH PROGRAM REQUESTED.
- To pay by check, you must register at least three weeks prior to your program date(s).

Saint Louis Zoo GIFT CARD - you must register at least two weeks prior to your program date(s).

AMOUNT FROM GIFT CARD \$ _____ Please list the information from the back of the Zoo Gift Card:
 NUMBER _____ BID _____ CVV _____

CREDIT CARD - you must register at least two weeks prior to your program date(s).

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

TOTAL AMOUNT DUE \$ _____ Please complete the following information:

CARDHOLDER NAME _____ SIGNATURE _____

BILLING ADDRESS (Street) _____ (City, State, Zip) _____

CARDHOLDER PHONE NUMBER(S) _____

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

Mail Registrations Form(s) and payment to:

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