
REGISTRATION INFORMATION

- **Registrations close two weeks prior to the program date or when the program sells out.**
- Registration forms can be mailed or dropped off (fax, e-mail and phone registrations are not accepted).
- Participants must be the appropriate age or grade level for the program and can only register for one session of each camp topic or program title.
- Zoo Members receive a discount on program fees. If you would like to join or renew your membership, please call (314) 646-4771 for more information.
- Participants may not make up or receive a refund for missed programs. No exceptions will be made.
- We reserve the right to cancel programs due to low enrollment or extenuating circumstances. Full refunds will be issued.

ZOO POLICY

Children under the age of 14 years must be accompanied by an adult at the Zoo. All program participants will be accompanied by Zoo staff and/or Zoo volunteers during their program.

- Early Childhood Programs – one parent (adult) is required for every one or two registered children.
- Homeschool Programs – Children must be accompanied by a parent or caregiver. A minimum of one adult per family is required throughout the duration of the program.
- Parents who will be dropping off children under the age of 14 years will need to escort the child to the program and pick them up when the program is over. You will be asked to sign your child “in” and “out” for the program.

PAYMENT

Full payment is required at the time of registration.

We accept:

- Credit card (Visa, MasterCard, Discover, American Express)
- Check (must be received at least **three weeks prior** to your program date) - A separate check must be sent for each program. For programs that are sold out, the check(s) will be returned. A fee will be charged for checks returned due to insufficient funds.
- Saint Louis Zoo Gift Card - 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>

REGISTRATION REPORT

A Registration Report will be e-mailed after your registration is processed. Please read each of your Registration Report(s) carefully for the following information:

- Confirmed program dates and times.
- Special notes or directions about confirmed programs such as lunches, program locations, or supplies.
- Waiting list information.
- Program meeting/drop-off location.

CANCELLATIONS

Please notify the Education Department at least **two weeks** before the start day of the Camp/program session.

Cancellation fees apply as follows:

- Cancellation fee: \$8
- Less than two weeks' notice - no refund

TRANSFERS

Transfers are subject to program availability and participant grade level or age. Please notify the Education Department at least **two weeks** before the start day of the Camp/program session. It is unlikely that transfers will be available with less than two weeks' notice.

Transfer fees apply and are due at the time of your request:

Transfer fee: \$8

PARKING

- Parking is available on the Zoo's North Lot on Government Drive and South Lot on Wells Drive for a fee. Zoo Members may choose to use their free parking benefits. Limited free parking is available on streets around the Zoo.
- Congestion on streets in Forest Park can cause a delay in your arrival time. Please plan extra time so that you arrive on time for your program.
- For Camp programs, specific parking/drop off information will be included in the camp packet and/or on the Registration Report.

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



Individual 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 →
OR if Participant (listed below) is under 18 years, Parent/Legal Guardian must Sign →

Signature: _____

Participant's First and Last Name: _____	<input type="checkbox"/> Child Grade: _____	Birth Date: _____	<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 Food Allergies: _____
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.

Will your child need to take medication during Zoo program hours? Yes No If you selected 'Yes', you must complete the Zoo's [medication form](#) for prescribed and over-the-counter medications, which can be found on the Zoo's website. Trained Zoo personnel will only administer medication in an emergency situation.

Please specify all medications that your child will be using before or during the program.

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 \$___ = \$___

* 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 – you must register **at least three weeks** prior to your program date(s).

- Please make all checks payable to: "Saint Louis Zoo Ed Dept"
- A SEPARATE CHECK MUST BE PROVIDED FOR EACH PROGRAM REQUESTED.
- A fee will be charged for checks returned due to insufficient funds.

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