

SUMMER 2019 CAMP PROGRAMS REGISTRATION AND HEALTH/INFORMATION FORM

Page 1 of 2 – One Child Per Form

STEP 1: GENERAL PUBLIC HEAD OF HOUSEHOLD / ZOO MEMBER INFORMATION

<input type="checkbox"/> General Public	<input type="checkbox"/> Current Zoo Member Please list member information:	Member Number:	Expiration Date:	Member Level:
Name of Head of Household / Zoo Member (list name and address as it appears on the membership):				
Street Address:				<input type="checkbox"/> Check here if new address
City:		State:		Zip+4:
Phone Numbers:	Home: ()	Work: ()	Cell: ()	
<i>If I need to be contacted during the Early Bird Registration (March 5-8) please use these phone numbers:</i>				
<input type="checkbox"/> Home (above) <input type="checkbox"/> Work (above) <input type="checkbox"/> Cell (above) <input type="checkbox"/> Alternate: ()				
E-mail Address:		Your e-mail may be used to send you information about your Saint Louis Zoo education program. Please check here <input type="checkbox"/> if you would also like to receive 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 sent to the e-mail address listed. If you prefer a mailing, please check here: <input type="checkbox"/> Send Paper Registration Report/Confirmation.				

STEP 2: CHILD'S INFORMATION

Legal First and Last Name:	Birth Date:	Grade Level (Fall 2019):
Preferred Name for nametag:	How should we refer to your child? He / She / _____	
Relationship to the Head of Household or Zoo Member listed above (grandson, daughter, etc.):		
SO THAT WE MAY BETTER SERVE YOUR CHILD: <i>We may contact you for additional information.</i>		
Please check all boxes below that apply to your child.		<input type="checkbox"/> I would like information about inclusion services
<input type="checkbox"/> Asthma	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Shortness of Breath on Exertion	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> ASD or PDD NOS
<input type="checkbox"/> Heat Sensitive	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> ADD or ADHD
Please list child's allergies:		<input type="checkbox"/> Cannot speak conversational English
Food allergies		Other _____
Other allergies		
Are there any accommodations you would like to request for your child (gender neutral restroom, etc.)? We will contact you if we are unable to meet your request.		
Please explain anything else you would like us to know about your child.		
Will your child need to take medication during Zoo program hours? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		

STEP 3: TERMS AND CONDITIONS (Required for ALL participants.)

<p>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.</p> <p>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.</p>	<p><i>The parent/legal guardian must sign below</i></p> <p style="font-size: 2em;">↓ ↓ ↓</p> <p>_____</p> <p>Parent/Legal Guardian Signature</p>
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STEP 4: EMERGENCY CONTACT INFORMATION (Required for ALL participants.)

Please name two people we may contact to act on your behalf if you (the parent or guardian) are not available in the event of illness, homesickness or an emergency. Please inform the contacts that, in the event we are unable to contact you, they may be contacted and asked to pick up your child from the Zoo, or asked to speak on your behalf in case of an emergency.

Name:	Relationship:	Phone: ()	Alt. Phone: ()
Name:	Relationship:	Phone: ()	Alt. Phone: ()

Please list any additional individuals that are allowed to pick up your child from Camp:

STEP 5: CAMP KANGAZOO BUDDY (optional)

Your child can choose to be in the same camper group with **one** buddy of the same age or one year apart. Please write the buddy's name here: _____ and ask the buddy to put your child's name on his/her Registration and Health/Information Form. **Buddy Registration Forms must be mailed together in the same registration envelope.** Please see "How To Register" for more information.

Buddies will be placed in a group based on the younger buddy's birth date. Please remember that Camp is an opportunity to make new friends. There are many opportunities for campers to socialize with friends, even if they are not in the same camper group.

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Please List Child's Legal First and Last Name (as shown on page 1):

STEP 6: CHOOSE YOUR CHILD'S T-SHIRT SIZE

We are proud to offer eco-friendly T-shirts which are made of recycled or organic material.
NO T-shirts provided for the Specialty Camps.

- One T-shirt is included with each Camp Joey, KangaZoo, Teen Camp registration.
- Additional T-shirts are \$12 each.
- Indicate the total number of T-shirts ordered below.
- T-shirts for each Camp are different colors.
- Camp Joey T-shirts are available in youth sizes only.

____ Youth X-Small (Camp Joey only) ____ Youth Med (10-12) ____ Adult Small ____ Adult Lg ____ Adult XX-Lg
 ____ Youth Small (6-8) ____ Youth Lg (14-16) ____ Adult Med ____ Adult X-Lg

Order Extra T-Shirts Here Camp Joey Qty ____ x \$12 = ____ Camp – Animal Detectives Qty ____ x \$12 = ____
 Teen Camp Qty ____ x \$12 = ____ Camp – Zoo Adventure Qty ____ x \$12 = ____

STEP 7: CHOOSE YOUR CAMP SESSION(S) - Check one choice or number in order of preference.

Camp Category	Check one choice or number in order of preference.	Jun 3	Jun 10	Jun 17	Jun 24	Jul 1	Jul 8	Jul 15	Jul 22	Jul 29	Aug 5	ZM	GP
Age / Grade Level (Fall 2019)	<ul style="list-style-type: none"> • You may only attend one session of Camp Joey or Teen Camp • You may only attend one session of each topic for Camp KangaZoo or Specialty Camps 												
Camp Joey 4 yrs – Kg	Morning Session (M-F)											\$190	\$200
	Mini Week (M-W)											\$170	\$180
	Full Day (M-F)											\$270	\$290
Camp KangaZoo 1 st – 6 th	Animal Detectives (M-Th & Th overnight)											\$220	\$240
	Animal Detectives Mini-Week (M-W & NO overnight)											\$145	\$155
	Zoo Adventure (M-Th & Th overnight)											\$220	\$240
	Zoo Adventure 5 days (M-F & NO overnight)											\$220	\$240
Teen Camp 7 th – 9 th	We Care-WildCare (M-Th & Th overnight)											\$235	\$255
	We Care-WildCare (M-W & F, F overnight)											\$235	\$255
Specialty Camps	1 st -3 rd Hoofin' It Around the World Camp (M-Th)											\$195	\$215
	1 st -3 rd Nature Play Camp (M-Th)											\$195	\$215
	2 nd -4 th Backyard Conservation Camp (M-Th)											\$195	\$215
	2 nd -4 th Carnivore Camp (M-Th)											\$195	\$215
	2 nd -4 th Carnivore Camp (M-W only)											\$145	\$165
	2 nd -4 th Wild Worlds Camp (M-Th)											\$195	\$215
	5 th -6 th Animal Care Camp (M-Th)											\$195	\$215
	5 th -6 th Animal Care Camp (M-W only)											\$145	\$165
	5 th -6 th Junior Primatologist Camp (M-Th)											\$195	\$215
	5 th -7 th Junior Zoologist Camp (M-Th)											\$195	\$215
	5 th -8 th Junior Marine Biologist Camp (M-Th)											\$195	\$215
	7 th -9 th Conservation Engineers Camp (M-Th)											\$195	\$215
	7 th -9 th Senior Marine Biologist Camp (M-Th)											\$195	\$215
7 th -9 th Zoo Careers Camp (M-Th)											\$195	\$215	
9 th -12 th Conservation Leaders Camp (M-Th)											\$195	\$215	
KangaCare 1 st -12 th only (Not available for Camp Joey)	KangaCare AM (M-Th)											\$25	\$30
	KangaCare AM (M-W) – Animal Detectives, Specialty Camps											\$19	\$23
	KangaCare AM (M-W & F) – Teen Camp											\$25	\$30
	KangaCare AM (M-F) – Zoo Adventure Camp											\$32	\$37
	KangaCare PM (M-Th)											\$70	\$75
	KangaCare PM (M-W) – Animal Detectives, Specialty Camps											\$53	\$57
	KangaCare PM (M-W & F) – Teen Camp											\$70	\$75
	KangaCare PM (M-F) – Zoo Adventure Camp											\$87	\$93
	KangaCare Friday Half Day for the week of...											\$15	\$18
KangaCare Friday Full Day for the week of...											\$40	\$45	

AMOUNT DUE

\$ \$

STEP 8: PAYMENT (Required at the time of registration)

CHECK PAYMENT

Registrations must be received **at least three weeks** prior to your program date(s).

- Make check(s) payable to Saint Louis Zoo Ed. Dept.
- A fee will be charged for returned checks.
- Please include your phone number on each check.
- SEPARATE CHECKS are required for each session.

Saint Louis ZOO GIFT CARD PAYMENT

Registrations must be received **at least two weeks** prior to your program date(s).

AMOUNT OF GIFT CARD \$ _____ Please list the information from the back of the Zoo Gift Card:

NUMBER _____

BID _____ CVV _____

CREDIT CARD PAYMENT

Registrations must be received **at least two weeks** prior to your program date(s).

Total Due: \$ _____

CARDHOLDER SIGNATURE _____

CARDHOLDER NAME _____

CARDHOLDER PHONE(S) (_____) _____

BILLING ADDRESS (Street) _____

(City) _____ (State) _____ (Zip) _____

 ACCT # _____ EXP DATE (mm/yy) ____ / ____