

# 2010 Racine Zoo Summer Camp Registration Form

Please complete the following form, include payment and register by:

1. FAX: (262) 636-9307  
(credit card payment only)

**OR**

2. MAIL: Racine Zoo-  
Conservation Education Department  
200 Goold Street  
Racine, WI 53402  
(check, cash, or credit card payment)

**OR**

3: ON-LINE: visit  
[www.racinezoo.org](http://www.racinezoo.org)  
(credit card payment only)

\*Please complete a separate form for each child and be sure to complete **both sides** of this form.

\* The completed form and a non-refundable \$20 registration fee are required for **each** camp. Campers registering for multiple camps at once only pay one registration fee per camper.

\* The camp fee plus any childcare fees are **due on the first of the month in which the camp begins**. You will receive a reminder letter two weeks before the fee is due.

\*All camps are non-refundable.

\* Questions about registration can be directed to the Education Department at 262-636-9580 or [education@racinezoo.org](mailto:education@racinezoo.org).

Camper's Name: _____		Birth Date: _____		Age: _____	
Circle: Male or Female			Grade entering in fall of 2010 (if applicable): _____		
Parent/ Guardian Name: _____			Telephone: _____		
Address: _____		City: _____		State: _____	Zip: _____
Email: _____		How did you hear about Racine Zoo Summer Camp? _____			

## Camp Information:

Please enter the appropriate age group, week(s) of camp, and title of camp your child would like to attend. Sign up your child for the age/grade entering in fall 2010.

See brochure for dates and themes.

**Note: Children under the age of 7 are limited to 2 full weeks of camp.**

Age Group	Camp Dates	Camp Title

## Camp T-shirts

Each camper enrolled will receive one camp T-shirt for each week of camp they attend. They will receive their shirt each Monday and are encouraged to wear their camp shirts for the remainder of camp. Please circle appropriate size your child will need for summer 2010.

Camper's Shirt Size (Circle One)

Child: XS   S   M   L   XL

Adult S   Adult M

## Before or After Camp Childcare Option

Please check appropriate box:

- No, my child will arrive at 9:00 a.m. and be picked up on time.
- Yes, please expect my child in the before camp childcare program at an additional fee of \$20 per week. (7:30am-9:00am)
- Yes, please expect my child in the after camp childcare program at an additional fee of \$25 per week. (3:00-5:00pm)
- Yes, please expect my child in the before and after camp childcare program at an additional fee of \$40 per week.

Please provide any information on medical conditions, health problems, or medications that the staff should know in advance to best accommodate the needs of your child.

Allergies: \_\_\_\_\_

Physical/Mental Disabilities: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Health Restrictions or Developmental Conditions: \_\_\_\_\_

Other: \_\_\_\_\_

**Camper Emergency Information:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (in case parent/guardian cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who else is authorized to pick up your child?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Zoo Camp Fees:**

Racine Zoo Member Name&Expiration Date: \_\_\_\_\_ (\$10 DISCOUNT) Non-member (check box) \_\_\_\_\_

*Please circle option for your child:*

Camper age 3 years ½ day (9:00-12:00) 3 day camp	Camper ages 4-5 years ½ day (9:00-12:00)	Camper ages 4 years-6 <sup>th</sup> grade full day (9:00-3:00)
\$45.00/week	\$65.00/week	\$125.00/week

**\*Camp fees listed above do not include required \$20 non-refundable registration fee, please include if paying full amount.\***

I would like to donate to the **Racine Zoo Campership Fund** for children in need of financial assistance in the amount of \$\_\_\_\_\_

I am enclosing the registration fee with check made payable to the Racine Zoo.

Please charge the registration fee to my (please circle): Visa MasterCard Discover

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please bill my credit card automatically for camp fees according to the schedule above.

**Waiver and Signature**

I hereby give my consent for emergency medical care or treatment, to be used only if I can not be reached immediately. I give my permission for my child to participate in both walking and transported field trips and other activities during the normal course of Racine Zoo Summer Camp 2010. I give permission to the Racine Zoo to use photos taken during camp sessions for public relations purposes. I understand the policies outlined for Racine Zoo Summer Camp 2010 regarding payment of fees and drop-off and pick up times for my child and agree to abide by them.

Signature of Parent/Guardian

Date Signed