

Registration Information and Directions

- * Please complete a separate form for each child and be sure to complete **both sides** of this form.
- * The completed form and a nonrefundable \$20 registration fee are required.
- * The camp fee of \$125 per week for full day camps and \$65 per week for half-day camps, 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.
- * Questions about registration and requests for additional forms can be directed to the Racine Zoo Conservation Education Department at 262-636-9580 or education@racinezoo.org.
- * Send this completed Registration Form and \$20 registration fee to:

Racine Zoo Conservation Education Department
200 Goold Street, Racine, WI 53402

Racine Zoo Summer Camp 2008 Registration Form

Camper's Name _____ Birth Date _____ Age _____

Grade entering this fall _____ Male Female

Address _____ City _____ State _____ Zip _____

Telephone Number (_____) _____ Parent or Guardian _____

Email _____ How did you hear about Racine Zoo summer camp? _____

1. Circle the camp session(s) you wish to sign up for: children under the age of 7 are limited to 2 full weeks of camp.

	4- & 5- Year Olds	1st-2nd Grade	3rd-5th Grade	6th-8th Grade
June 16-20			X	X
June 23-27	X	X		
June 30 - July 4	No Camp	No Camp	No Camp	No Camp
July 7-11			X	X
July 14-18		X		
July 21-25			X	X
July 28-August 1	X	X		
August 4-8			X	X
August 11-15		X		
August 18-22		X	X	

2. Before or After Camp Childcare Option

- No, my child will arrive at 9:00 a.m. and be picked up at 3:00 p.m.
- Yes, please expect my child in the before camp childcare program at an additional fee of \$15 per week.
- Yes, please expect my child in the after camp childcare program at an additional fee of \$20 per week.
- Yes, please expect my child in the before and after camp childcare program at an additional fee of \$35 per week.

If registering for 4 and 5- year old camp please circle one: Full Day Half Day

3. Payment Options

Are you a member of the Racine Zoological Society ? Yes No

I am enclosing the \$20 registration fee, made payable to Racine Zoo. Note: a \$20 fee is required for each camp.

Please charge the \$20 registration fee to my: Visa Master Card Discover

Number _____ Expiration Date _____ Signature _____

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

4. Contacts:

	Name	Home Address	Home Phone	Work Phone
Mother				
Father				
Guardian				
Emergency Contact*				

**when Parent or Guardian cannot be reached*

5. Who else is authorized to call for or pick up your child?

Name	Home Address	Home Phone	Work Phone	Relationship to the Child

6. Medical Information and Health History:

Doctor's Name	Clinic	Address	Phone

List any serious illnesses your child has had within the past six months.

Does your child have any allergies, such as to bee stings, food, or medications? Yes No

If yes, please describe them and indicate special precautions or care needed.

Please describe any emergency care instructions or other information such as special learning needs that may be needed by the camp staff.

7. If possible, my child would like to be in the same group as _____.

8. 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 2008. 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 2008 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