

# 2019 Racine Zoo Summer Camp Registration Form

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

1: ON-LINE: visit  
www.racinezoo.org  
(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. FAX: (262) 636-9307  
(credit card payment only)

- \* Please complete a **separate form for each child** and be sure to complete **both sides** of this form.
- \* All camp fees are due upon registration.
- \* All camp payments are non-refundable.
- \* All registrations must be received at least one week prior to the start of the camp.
- \* Questions about registration can be directed to the Education Department at 262-636-9580 or education@racinezoo.org.

Camper's Name: _____		Birth Date: _____		Age: _____	
Circle: Male or Female			Grade <b>Entering in Fall of 2019</b> (if applicable): _____		
Parent/Guardian Names: _____					
Home Telephone: _____			Cell Phone: _____		
Address: _____		City: _____		State: _____	Zip: _____
Email: _____					
How did you hear about Racine Zoo Summer Camp? _____					

## Camp Information:

Please enter the appropriate age group and week(s) of camp your child would like to attend. **Sign up your child for the age/grade entering in Fall 2019.** See brochure or website 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 to be worn throughout the week of camp. They will receive their shirt on Monday and are expected to wear their camp shirts for the remainder of camp. Please circle appropriate size your child will need for Summer 2019.

### Camper's Shirt Size (Circle One)

Child: XS   S   M   L

Adult S   Adult M   Adult L   Adult XL

## Before or After Camp Childcare Option

Please check appropriate box:

**\*No aftercare for AM only camps**

- No, my child will arrive at 9:00 a.m. and be picked up on time.
- Yes, expect my child in only the before camp childcare program at an additional fee of **\$20 per week**. (7:30-9:00am)
- Yes, expect my child in only the after camp childcare program at an additional fee of **\$25 per week**. (4:00-6:00pm)
- Yes, expect my child in both the before and after camp childcare program at an additional fee of **\$40 per week**.

## Optional Extras

- Additional Camp Shirt (\$8.00)

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. (If none, please write none)

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

Prescribed Medications (If Applicable):

\_\_\_\_\_

Any other health information you would like us to be aware of? \_\_\_\_\_

\_\_\_\_\_

**Camper Emergency Information:**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Emergency Contact (if other cannot be reached): \_\_\_\_\_

Who else is authorized to pick up your child?

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

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

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

**Zoo Camp Fees:**

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

**Check option for your child:**

**Member Rate**

Camper ages 3-4 years  
½ day (9:00-12:00)  
\$76.50/week

Camper Kindergarten-7<sup>th</sup> grade  
full day  
(9:00-4:00)  
\$148.50/week

**10% Early Bird  
Discount  
Exp. 2/20/19**

**Non-member Rate**

Camper ages 3-4 years  
½ day (9:00-12:00)  
\$90.00/week

Camper Kindergarten-7<sup>th</sup> grade  
full day  
(9:00-4:00)  
\$171.00/week

**\*Camp fees listed above include a daily snack, a camp t-shirt and reusable water bottle\***

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 full camp fee with check made payable to the Racine Zoo.

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

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

**Total Balance Due:**

Camp Fee: \$ \_\_\_\_\_ + Before/After Care Fees : \$ \_\_\_\_\_ + *Optional extras* \$ \_\_\_\_\_

**Total =** \_\_\_\_\_

**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 field trips and other activities during the normal course of Racine Zoo Summer Camp 2019. 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 2019 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