2020 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 **Entering in Fall of 2020** (if applicable): _____

Parent/Guadian 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 2020. 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 2020.

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-7th grade
full day
(9:00-4:00)
$148.50/week

10% Early Bird Discount Exp. 2/15/20

Non-member Rate

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

□ Camper Kindergarten-7th 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 2020. 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