

2021 Racine Zoo Spring Break 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 Gould 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: _____	
Parent/Guardian Names: _____		
Home Telephone: _____	Cell Phone: _____	
Address: _____	City: _____	State: _____ Zip: _____
Email: _____		
How did you hear about Racine Zoo Spring Break Camp? _____		

Camp Information:

Please enter the appropriate age group type of camp your child would like to attend. Sign up your child for the age/grade entering in Fall 2021.

Camp runs April 12 – April 16, 2020

- Half-Day Camp (9:00am – 12:00pm) Ages 3 & 4
- Full Day Camp (9:00am – 4:00pm) Kindergarten – 7th Grade

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**.

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? _____

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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.
 2/15/21**

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

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 cannot 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 Spring Break Camp 2021. 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 Spring Break 2021 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