

2015 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 Goid Street
Racine, WI 53402
(check, cash, or credit card payment)

OR

3. ON-LINE: visit
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** camper. 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 invoice two weeks before the fee is due.
- * 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 2015 (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, 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 2016 .

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. They will receive their shirt on Monday and are expected to wear their camp shirts for the remainder of camp.

Please select appropriate size your child will need for summer 2015.

Camper's Shirt Size (Select One)

Before or After Camp Childcare Option

***No aftercare for AM only camps**

Please check appropriate box:

- 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**. (7:30am-9:00am)
- Yes, expect my child in only the after camp childcare program at an additional fee of \$25 **per week**. (3:00-5:00pm)
- 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: _____

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: _____

Parent/guardian cell phone or work numbers: _____

Who else is authorized to pick up your child?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Zoo Camp Fees:

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

Check option for your child:

Camper age 3-6 years

Camper ages 5 years-6th grade

½ day (9:00-11:30)

full day (9:00-3:00)

\$70.00/week

\$130.00/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 on the first of the month for each camp I have selected.

Total Balance Due:

Registration Fee: \$20

+ Camp Fee: \$ _____

+ Before/After Care Fees : \$ _____

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 both walking and transported field trips and other activities during the normal course of Racine Zoo Summer Camp 2015. 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 2015 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