

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)
\$____/week

Camper Kindergarten-7th grade
full day
(9:00-4:00)
\$____/week

(\$2

Non-member Rate

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

Camper Kindergarten-7th grade
full day
(9:00-4:00)
\$____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

Signature of Parent/Guardian

Date Signed