

2024 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:	_____
Grade:	_____	Parent/Guardian Names:	_____		
Home Telephone:	_____				
Address:	_____	Cell Phone:	_____		
Email:	_____	City:	_____	State:	_____
Zip:	_____				
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 2024.

Camp runs April 1 – April 5, 2024

Full Day Camp (9:00am – 4:00pm) Kindergarten – 5th Grade
Before or After Camp Childcare Option

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. (7:30-9:00am)

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 Kindergarten-5th grade
full day
(9:00-4:00)
\$180.00/week

**10% Early Bird
Discount Exp.
2/15/2024**

Non-member Rate Camper Kindergarten-5th grade
full day (9:00-4:00)
\$202.50/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 2024. 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 2024 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