

S.I. ZOO ZOOFARI REGISTRATION FORM -- SUMMER 2019

Child's Name: _____

Current Grade

Session No.

Tshirt Size

Child's Age

CONTACT INFORMATION

Parent or Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Phone number: Home _____ Cell _____ Work _____

Email address _____

Emergency Contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Address _____

Phone number(s) _____

HEALTH HISTORY

List all known allergies and describe how reaction is managed. Attach additional page if needed.

Is the participant on any medications or receiving any special services? If so, please list on reverse side.

Are there any medications taken during the school year the participant may or may not take during the session? If yes, please identify :

Is your child up to date on all well-care visits and vaccines? _____

Does your child have any physical limitations? If so, please list.

Walk-In Registration for Family Members
Monday - Thursday, March 11 - 15: 10:00am - 3:00 pm

Open Walk-In Registration for Members & Non Members

Starting Monday, March 18:
Monday - Thursday, 10:00am - 3:00 pm
Until all spots are filled.

REGISTRATION WILL NOT BE TAKEN WITHOUT:

- Completed registration form
- Proof of grade.
- Proof of age; for Pre-K only.
- Proof of membership.
- Payment (checks payable to: Staten Island Zoo; credit card or money order)

For more information: 718-442-3174 x 33

Online registration at statenlandzoo.org

BULLYING & DISRUPTION POLICY: The Staten Island Zoological Society is committed to providing a safe, nurturing environment for both our participants and staff. We feel strongly that bullying is unacceptable. Bullying is defined as any action which hurts or threatens another person, either physically or mentally. Our program will not tolerate any behavior which is emotionally or physically harmful to a participant or staff member. Any participant's behavior that disrupts the mission and goals of the program and its participants, similarly, will not be tolerated. If a participant is verbally or physically abusive, a warning will be given. This will be documented and the parent/guardian will be contacted. If a second incident should occur, the behavior will be documented, parent/guardian will be notified, and the child may be asked to leave the program.

CANCELLATION POLICY:

A fee of \$25 will be charged if you cancel your registration. A fee of \$50 will be charged for cancellations after 10 days from the start of the session.

All fees are due in Check, Credit Card or Money Order. No cash accepted.

Anything else you would like us to know about your child?

PERMISSIONS

I, _____, as parent/legal guardian of _____ (the participant), give permission for the participant to participate in all activities of the Staten Island Zoo ZooFari Program except as noted by me. The Staten Island Zoological Society has my permission to use any photographic or video record taken of my child during the program for promotional purposes.

As evidenced by my signature below, I hereby waive any and all claims that I may have against the Staten Island Zoo or entities who lead or direct the Camp arising from or in connection with the participant's involvement in ZooFari activities. I also indicate by my signature that the Health History is correct and all relevant information has been included to the best of my knowledge. In the event that I cannot be reached in an emergency I hereby give permission to the Program's director, or those appointed by the director, to administer emergency medical treatment to the participant or secure the services of an ambulance, hospital, physician or other medical professional to treat the participant as the program directors deem appropriate. I also acknowledge that the program directors are not responsible for the self-administration of medication or medical treatment by the participant.

Parent/Legal Guardian Signature _____ DATE _____