

Brandywine Zoo

Delaware Zoological Society

Spring Zoo Camp 2012 Registration Packet

** Please note that you only need to complete page 1 per family unit. **

Family Information

Please circle either parent or guardian:

Parent/Guardian 1 (call first)	Parent/Guardian 2 (call second)	Camper's Primary Address
Last Name:	Last Name:	Street:
First Name:	First Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	City:
Cell/Pager:	Cell/Pager:	State:
Email Address:	Email Address:	Zip Code:

Emergency Contact Information

The Emergency Contacts will be used/notified if the Parent/Guardians listed above cannot be reached during camp.

Primary Emergency Contact	Secondary Emergency Contact
Full Name:	Full Name:
Relationship: Work Phone:	Relationship: Work Phone:
Home Phone: Cell/Pager:	Home Phone: Cell/Pager:

Release of Minors

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on this section of the form. NO EXCEPTIONS! Please list anyone who might pick up your camper(s) other than those listed in the Parent/Guardian section, under Family information. The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: **Everyone** must be **at least 16 years** of age and provide Photo Identification at time of pick up.

In addition to the names already listed on this application (parents/guardians/emergency contacts), my child may be released to the following individual(s).

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Camper Information

Please print clearly for accuracy! If any question does not apply, please mark with an "n/a". **Otherwise blank questions/lines will be considered incomplete and therefore your registration will not be processed.**
**** Please note that you will need to complete pages 2 through 6 per camper. ****

Last Name:	Preferred Name: (if different or abbreviated from first)
First Name:	
Age as of June 1, 2012: _____	Current Grade: (To Be Completed as of June 2012)
Birthday: (MM/DD/YEAR)	School:
Gender: M F	

Medical Information

Health Insurance:	Doctor's Name:	Doctor's Phone:

Does your child have any allergies?

If yes, please specify _____

Does your child have any special needs or medical conditions we should be aware of?

If yes, please specify _____

(Please note that information will be kept confidential and on a need to know basis for camp staff. We request this information to provide the best camp experience possible for your camper.)

Does your child have any dietary restrictions (other than allergies)?

If yes, please specify _____

Is your child on medication that s/he will need to take during camp?

If yes, please specify _____

Is there any other information about your child that staff could benefit from knowing to better serve your child? Please be forthcoming and add any additional information here. May include information regarding their: health, personal well-being, medical history, interests, comfort levels, or even talking points to better relate to them.

Medical Information

Please complete the following immunization information for our records:

Month/Year	Immunization
	DTP (Diphtheria, Tetanus, Pertussis)
	OPV (Polio Oral) / IPV (Polio Injected)
	HIB (Hemophilus Influenza)
	MMR (Measles, Mumps, Rubella)

Release Statements

**Note: by initialing below, you acknowledge that you have read and agreed to each item.
Each item MUST be initialed by a legal parent or guardian in order to attend camp.**

<u>Medication Waiver:</u> I understand that camp staff will hold my child's medication in a safe location. Camp staff is not responsible for reminding your child when to take the medication, nor will they administer it to your child. It is your responsibility as parent/guardian to inform your child of proper dosage and release the State of Delaware and the Delaware Zoological Society, all agents and employees, from and against any and all claims resulting from your child bringing medicine to camp.	_____ Initials
<u>Authorization of Treatment:</u> I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child.	_____ Initials
<u>Outdoor Activities:</u> I understand that this is an active camp and the majority of camp activities will take place outdoors on zoo grounds and the immediate park area.	_____ Initials
<u>Photo Release:</u> I understand that by attending Zoo Camp photos and/or videos may be taken during camp for use in Delaware State Park and Delaware Zoological Society publications or video programs.	_____ Initials
<u>Release Statement:</u> I acknowledge that there are natural hazards associated with camp programs and related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Delaware State Parks and the Delaware Zoological Society accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the State of Delaware and the Delaware Zoological Society, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.	_____ Initials
<u>Camper Pick-Up:</u> All campers are released at the end of camp to their parent/guardian or one of the individuals listed on the proper section of this form. Everyone must be at least 16 years of age and provide Photo Identification at time of pick up. I understand that camper's will not be released to individuals without proper ID or not listed on this registration form.	_____ Initials
<u>Zoo Camp Policies and Zoo Camp Handbook:</u> I have read, understand, and explained to my camper(s) the policies and procedures provided by the Brandywine Zoo, as outlined in the Zoo Camp Handbook . I agree to abide by these policies and procedures and will ensure my camper(s) do the same. I also understand that violating these policies and procedures may result in my camper(s) being removed from camp without a refund.	_____ Initials

Zoo Camp Disciplinary Policy

Summer camp is meant to be a fun educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camps. If it becomes necessary to take disciplinary action against a camper, the steps followed are outlined below.

- **1st incident:** The camper will receive a verbal warning and an explanation as to why their behavior is inappropriate (whenever possible this will be done away from other campers).
- **2nd incident:** Staff will determine an appropriate consequence for the camper's actions (examples may include a time out or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick the child up.
- **3rd incident:** The child will be excused from camp without a tuition refund.

The Summer Camp Staff of Delaware State Parks and the Delaware Zoological Society reserve the right to bar any child from summer camps following a first incident in cases of serious behavior problems without a tuition refund.

Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

*I will follow the camp schedule. I will bring only the necessary items to camp (no weapons, electronic items, valuables, etc.) I will respect counselors, directors, and other campers by not using foul language, name calling, fighting or being disrespectful in any way. I will follow all safety rules set forth by the camp staff. I **promise to follow all the policies and procedures as outlined in the Zoo Camp Handbook.***

Camper Signature: _____ Date: _____

Camper Signature: _____ Date: _____

I agree to help my child(ren) abide by this code of conduct;

Parent Signature: _____ Date: _____

Spring Zoo Camp Selection

Please check one: March 19th to 23rd OR April 9th to April 13th

Have a WILD spring break at the zoo! Each day will have a different zoo-related theme and the week will be filled with zoo visits, live animal presentations, crafts, games, songs, stories, learning projects and more!

Spring Zoo Camp	Yes, I will attend...	Aftercare	Total Cost
Monday	✓		
Tuesday			
Wednesday			
Thursday			
Friday			
All 5 Days			

Camp Time – 8:30am to 4:00pm. Drop – Off from 8:00 to 8:30am. Camp starts promptly at 8:30am.

Aftercare available Monday through Thursday, until 5:30pm.

Aftercare Fee: \$35/week or \$10/day.

Camp Fee: \$175.00/week/child or \$40/day/child; \$145/week/child or \$35/day/child for Delaware Zoological Society Members.

Cancellation Policy: There will be no refunds for cancellations on or after March 5th. Those who wish to cancel their registration before March 4th may receive a Zoo Camp credit. Any Zoo Camp credits given must be used within 365 days or less of the cancellation date.

PAYMENT INFORMATION: Please mark the correct option and include your payment information as requested.

I am not a Member. Enclosed is my total Non-Member camp fee of \$_____.

Yes, I am a current Member of the Delaware Zoological Society.

Membership # _____

Name as it appears on Membership Card: _____

Expiration Date: _____ Enclosed is my total camp fee of \$_____.

I would like to become a Member. My membership information is enclosed along with Membership fee of \$_____ and camp fee of \$_____.

Combined total amount enclosed \$_____.

Membership Application:

- Household, \$55 Senior, \$45
- Donor, \$80 Naturalist, \$100
- Zoo-Gooder, \$250
- Animal Enthusiast, \$500
- Rare Bird, \$1000

Dr. Mr. Mrs. Miss Ms. (Please circle one)

Adult Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Email Address: _____

Payment Options:

CREDIT Visa MasterCard Discover AMEX **CHECK**

Account #: _____

Expiration Date: _____

Signature: _____

Please make checks payable to:

The Delaware Zoological Society,

1001 North Park Drive, Wilmington, DE 19802.

Please send complete packets with payment to:

Brandywine Zoo, Attention: ZOO CAMP 1001 North Park Drive, Wilmington, DE 19802 • FAX: (302) 571-7787