



Brandywine Zoo

Delaware Zoological Society

Spring Zoo Camp 2015

Registration Packet

2015 Spring Camp Options

Camper Name: _____

Camper Age: _____

April 6 to April 10, 2015 for ages 5 to 13

Come enjoy a WILD spring break at the Brandywine Zoo! Each day of the week will have its own zoo related theme. The week will be filled with zoo visits, live animal presentations, games, crafts, songs, learning projects and more.

Pre-registration required. Deadline for registration is April 1, 2015.

Spring Zoo Camp	Yes, I will attend...	Aftercare	Total Cost
Monday	✓		
Tuesday			
Wednesday			
Thursday			
Friday			
All 5 Days of Camp		(all 4 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 5:00pm. **Aftercare Fee:** \$40/week or \$20/day.

Camp Fee: \$200.00/week/child or \$55/day/child; **\$175/week/child or \$45/day/child for Delaware Zoological Society Members.**

Payment & Cancellation Policy: Payment is due in full at time of registration for Zoo Camp. There will be no refunds for cancellations on or after March 20th. Those who wish to cancel their registration before March 20th may receive a Zoo Camp credit. Any Zoo Camp credits given must be used within 365

Aftercare Policy and Late Pick-Up Policy: Campers who are not picked up by **4:00 p.m. for Full Day Camps** and not enrolled in aftercare will be placed in camp aftercare. Parents/Guardians will then be charged the aftercare fee for the day (\$20/day). Campers who are enrolled in aftercare must be picked up by **5:00 p.m. for Full Day Camps**. If your camper is not picked up on time from aftercare, you will be charged **\$10.00 per camper** for each **5 minutes** that you are late. Camp is over at 4pm and there is no aftercare on FRIDAYS. Therefore any campers picked up after **4:00 p.m.** on FRIDAYS will be charged **\$10.00 per camper for each 5 minutes that you are late**. A clock will be provided at sign in/out for your convenience, and camp staff has been instructed to refer to this clock to document late pick up times.

*Please Note: Camper Families must be DZS Members at the time of selected camp weeks in order to receive membership rates upon camp registration. To ensure that you will be an active DZS member at time of camp, please include membership renewal fees in your total camp price if your DZS Membership expires **before April 2015**.

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 and will be at the start of my camp selections.

Membership # _____ Expiration Date: _____

Name on Membership Card: _____ 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 Option/Renewal Continued)

Membership Application: ___ \$60 Household (1 year) ___ \$115 Household (2 years) ___ \$100 Naturalist (1 year)

Dr. Mr. Mrs. Miss Ms. (Please check one) Adult Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Email Address _____

Form of Payment: ___ **CHECK** Please make checks payable to **The Delaware Zoological Society**

___ **CREDIT** ___ Visa ___ MasterCard ___ Discover ___ American Express

Account # _____ Expiration Date _____

Signature _____

Camper Information

****Please print clearly for accuracy! Campers will not be registered or allowed to attend camp without submitting a completely filled registration form. Please do not leave any area blank; forms with blank areas will be considered incomplete. Instead, please write "n/a" or "none" in any areas that you do not need to answer. Thank you.**

First Name:	Age as of April 6, 2015:
Last Name:	Date of Birth: (MM/DD/YEAR)
Preferred Name: (if different or abbreviated from first)	Current Grade: (To Be Completed as of June 2015)
Gender: Male Female (please select)	School:

Medical Information

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

Please complete the following immunization information for our records

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

Camper Name: _____

Camper Age: _____

Medical Information	
Does your child have any allergies? Y N If <u>yes</u> , please specify:	Will your child need to take medication while at camp? Y N If <u>yes</u> , please specify:
Does your child have any dietary restrictions (other than allergies)? Y N If <u>yes</u> , please specify:	Does your child have any medical conditions we should be aware of? Y N If <u>yes</u> , list any known conditions, diseases, etc., which may limit or restrict the above person from participating in camp activities:
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. Please specify:	

<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 Brandywine Zoo (DSP & DZS), all agents and employees, from and against any and all claims resulting from your child bringing medicine to camp.	_____ 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 any photos and/or video taken during camps may be used in promotional materials or media for the Brandywine Zoo, Delaware State Parks and the Delaware Zoological Society.	_____ Initials

Release Statements

Note: by signing 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.

The Brandywine Zoo is managed by Delaware State Parks (DSP) of the Delaware Division of Parks and Recreation with the support of the Delaware Zoological Society (DZS). It is from here forth that anywhere it states the Brandywine Zoo it encompasses and includes both Delaware State Parks and the Delaware Zoological Society, and its agents and employees.

I/We acknowledge that there are natural hazards associated with day camp and related activities in the outdoor setting. I/We hereby affirm that my child is in good health and physically capable of performing the required activities of camp. I/We understand that all possible precautions are taken to insure that all programs and activities sponsored by the Brandywine Zoo (DSP & DZS) are conducted by mature and qualified personnel in a safe and responsible manner. I/We voluntarily assume the risks of the activities for my child. If programs or classes meet or travel to other areas, I/we give permission to Brandywine Zoo (DSP & DZS) for my child to be transported there by a Fleet-authorized driver in a State of Delaware vehicle.

In consideration of the Brandywine Zoo (DSP & DZS) accepting my child and to the extent permitted and provided by State Law, I/we hereby release and discharge the Delaware Zoological Society, the State of Delaware, Department of Natural Resources and Environmental Control, and the Division of Parks and Recreation, its agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is in camp.

In the event of an emergency, a Brandywine Zoo (DSP & DZS) employee will make every attempt to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I/We give permission to the Brandywine Zoo (DSP & DZS) to secure proper medical treatment. I understand that any medical expense not covered by Brandywine Zoo (DSP & DZS) and any medical care will be billed directly to me or to my insurance company.

Parent/Guardian Signature: _____ **Date:** _____

Camper Name: _____

Camper Age: _____

Zoo Camp Policies & Code of Conduct

Zoo Camp Disciplinary Policy:

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 camps. If it becomes necessary to take disciplinary action against a child, 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 refund.

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

Zoo Camp Handbook: In signing below, I state that 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.

Zoo Camp 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, staff, 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.

As the parent/guardian I agree to help my camper(s) abide by and understand the Zoo Camp Policies and the Code of Conduct.

Parent/Guardian Signature: _____ Date: _____

Family Information

Please **circle** either parent or guardian:

Parent/Guardian 1 (call first)	Parent/Guardian 2 (call second)	Address
Relationship to Camper:	Relationship to Camper:	
Last Name:	Last Name:	Street:
First Name:	First Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	City:
Cell Phone:	Cell Phone:	State:
*Email Address:	*Email Address:	Zip Code:

Please note that an EMAIL address is REQUIRED! Your email address will be used to email your Registration Confirmation and important camp updates.

Camper Name: _____

Camper Age: _____

Emergency Contact Information

*Emergency Contacts will **ONLY** be used/notified if the Parent/Guardians listed above **cannot** be reached.*

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

Release of Minors

All campers are released at the end of camp to their parent/guardian, emergency contact, 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 or Emergency Contact section above. 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, my child may be released to the following individual(s).

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____

Name: _____ Telephone #: () _____