

- YOU MUST FILL OUT BOTH PAGES/SIDES OF THIS FORM TO COMPLETE YOUR REGISTRATION. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

2010 "A-Zoo Preschool Safari" REGISTRATION FORM

Mail to: Dallas Zoo • "A-Zoo Preschool Safari" • 650 So. R. L. Thornton Freeway • Dallas, TX 75203 or Fax to: 214-670-7521

Complete one per child please – return both pages/sides.

How did you hear about us? *Please check all that apply.*

- I'm a past camp/class participant From a family member or friend Dallas Zoo website
 DZS newsletter or email While visiting the Zoo Other _____
 Received a brochure

Child's Name _____ Age (as of September 1, 2009) _____

Birth Date _____ Gender Male Female

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Day _____ Evening _____ Cell _____

Email Address: _____

DZS Membership ID# _____ Exp. Date _____

Did you forget your DZS Member number, need to join, or need to renew? Call 214-943-2771, ext. 314

Please specify class preference below.				
	A-Zoo Preschool Safari Friday AM	A-Zoo Preschool Safari Friday PM	A-Zoo Preschool Safari Saturday AM	Class Fee
Please choose either the 12 week series or sign up for single classes. For single classes, please list specific dates.	12 Week Series <input type="checkbox"/> Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____	12 Week Series <input type="checkbox"/> Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____	12 Week Series <input type="checkbox"/> Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____	Total Fee Enclosed \$ _____

I prefer to pay by:

Check* TX DL# required _____

*In the event your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically.

Visa MasterCard American Express Discover

Card Number _____

Expiration Date _____

Signature required _____

Questions? Email us at publicprograms@dallaszooed.com or call 214-670-7501

NOTE: Registrations received within 5 working days of the first class will be charged an additional processing fee of \$35.

REGISTRATION FORM CONTINUED

The following information must be completed and returned with registration.
Please print clearly.

RELEASE OF LIABILITY

I, the undersigned parent/legal guardian of _____, give my permission for this child to participate in the Nature Tykes and A-Zoo Preschool Safari activities of the Dallas Zoo and The Dallas Aquarium at Fair Park. By so doing, I release the City of Dallas, Dallas Zoo Management, Inc, the Dallas Zoological Society, the Dallas Zoo, The Dallas Aquarium at Fair Park, and all persons related directly or indirectly with the program from all manner of claims, demands, obligations, liabilities, suits, or causes of action resulting from any injuries which might occur as a result of these activities.

I authorize the photographing, filming, or videotaping of my child for Dallas Zoo promotions and publications.
YES NO

Signature of Parent/Legal Guardian _____

MEDICAL RELEASE FORM

1. Allergies (to drugs, foods, insect bites, etc.) : _____
2. List medications and reasons for taking: _____
3. Behaviors of which staff should be advised: _____
How do you handle this behavior? _____

Two persons to contact in case parents cannot be reached:

Name:	1. _____	2. _____
Relationship:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____

I give my permission for the supervising staff to obtain medical treatment in an emergency situation for my child in the event I cannot be reached.

Signature of Parent/Guardian: _____

TOILET TRAINING

All Early Childhood Learning participants must be completely toilet trained (requiring no assistance in the bathroom).

PICK UP AUTHORIZATION FOR PARTICIPANTS

The following individuals are authorized to pick up my child (attach additional names if needed).
Please include yourself if you will be picking up your child at the end of the camp day.

Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____
Name _____	Relationship _____	Phone _____	TX DL _____

I acknowledge that penalty fees will be charged for late pick-ups (\$15 per child for every 15 minutes past the designated pick-up time). These fees must be paid prior to the next week of class. In addition, I will inform each person picking up my child of these rules. I understand each individual authorized to pick up my child is subject to this fee.

Signature of Parent/Guardian: _____

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