

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

## PRESCHOOL AT THE ZOO REGISTRATION FORM

*E-mail : education@dallaszoo.com, Fax to: 469-554-7382, or Mail to: Dallas Zoo "Preschool"; 650 So. R. L. Thornton Freeway, Dallas, TX 75203*

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

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> I'm a past camp/class participant | <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Dallas Zoo website  |
| <input type="checkbox"/> Dallas Zoo newsletter or email    | <input type="checkbox"/> While visiting the Zoo | <input type="checkbox"/> TV/Radio            |
| <input type="checkbox"/> Received a brochure               | <input type="checkbox"/> Other _____            | <input type="checkbox"/> Received a brochure |

Child's Name \_\_\_\_\_ Age (as of August 1, 2011) \_\_\_\_\_

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 469-554-7400*

CUB CLUB	NATURE TYKES	A-ZOO PRESCHOOL SAFARI
<b>Sign-up for a 14 week series or individual classes</b> Ages 15 months – 2 years with one parent Offered on Wednesday or Friday morning	<b>Sign-up for a 14 week series or individual classes</b> Ages 3 and young 4 year olds Offered on Thursday afternoon	<b>Sign-up for a 14 week series or individual classes</b> Ages 4 and young 5 year olds Offered on Friday afternoon
<b>Program runs Sept. 7—Dec. 16, 2011</b>	<b>Program runs Sept. 8—Dec. 15, 2011</b>	<b>Program runs Sept. 9—Dec. 16, 2011</b>
Member price: \$13.50/class or \$179/series Non-member price: \$15/class or \$200/series  <b>Wednesday AM (10-11 AM)</b> <input type="checkbox"/> 14 week series <input type="checkbox"/> Single dates: <i>List dates here:</i>  <b>Friday AM (10-11 AM)</b> <input type="checkbox"/> 14 week series <input type="checkbox"/> Single dates: <i>List dates here:</i>	Member price: \$23/class or \$315/series Non-member price: \$25/class or \$340/series  <b>Thursday PM (12:30-3:30 PM)</b> <input type="checkbox"/> 14 week series <input type="checkbox"/> Single dates: <i>List dates here:</i>	Member price: \$23/class or \$315/series Non-member price: \$25/class or \$340/series  <b>Friday PM (12:30-3:30 PM)</b> <input type="checkbox"/> 14 week series <input type="checkbox"/> Single dates: <i>List dates here:</i>
<i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____	<i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____	<i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____

**Payment Options:**

Check\* TX DL# required \_\_\_\_\_

\*Dallas Zoo Management's returned check policy states that all checks returned marked "NSF" will be charged a \$25 fee, and will result in the cancellation of your program registration.

Visa     MasterCard     American Express     Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature required \_\_\_\_\_

**Questions? Email us at education@dallaszoo.com or call 469-554-7300**

## REGISTRATION FORM CONTINUED

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

### RELEASE OF LIABILITY FOR (Child's name): \_\_\_\_\_:

I, the minor's parent and/or legal guardian, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Dallas Zoo Management, Inc., Dallas Zoological Society, and the City of Dallas (the "releasees") each from all liability for claims, demands, losses, or damages to the minor account caused or alleged to be caused, in whole or in part, by the negligence of the "releasees" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

Signature of Parent/Legal Guardian \_\_\_\_\_

I authorize the photographing, filming, or videotaping of my child for Dallas Zoo promotions and publications.

YES    NO

### 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, in classes without parents, must be completely toilet trained (requiring no assistance in the bathroom). Our definition of toilet trained means that the child is not wearing pull-ups and is able to manage his or her own clothing by him or herself. We highly suggest sending your child to PreK in elastic waisted pants or skirts.

### 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 program.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ TX DL \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ TX DL \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ TX DL \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Please note: The Dallas Zoo and Children's Aquarium at Fair Park reserves the right to cancel any program for reasons we deem appropriate. Programs that have not met the minimum number of participants within two weeks of the scheduled program date may be cancelled. In the event that we cancel your program, a full refund will be issued and individuals will be contacted directly. You will be notified within five (5) working days of receipt of your registration if the program for which you registered for is full. If you cancel a program with the Dallas Zoo or Children's Aquarium at Fair Park, a program credit may be issued based on circumstance. The credit may be used for any education program or camp at the Dallas Zoo.

**YOU MUST COMPLETE BOTH PAGES/SIDES OF REGISTRATION FORM**