

- 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

Mail to: Dallas Zoo • "Preschool" • 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 August 1, 2010) _____

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

| CUB CLUB | NATURE TYKES | A-ZOO PRESCHOOL SAFARI |
|---|--|--|
| Ages 15 months – 2.5 years with one parent. August 31 – November 20, 2010 | Ages 3 and young 4 year olds August 31 – November 20, 2010 | Ages 4 and young 5 year olds August 31 – November 20, 2010 |
| <p style="text-align: center;">12 Week Series \$152/ members \$170/non-members</p> <p>o Wednesday AM Series (10:00-11:00) o Saturday AM Series (10:00-11:00)</p> <p style="text-align: center;">Individual Classes \$13.50/members \$15/non-members</p> <p>Please list dates you will attend: _____</p> <p><i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____</p> | <p style="text-align: center;">12 Week Series \$260/members or \$290/non-members</p> <p>o Tuesday AM Series (8:30-11:30) o Tuesday PM Series (12:30-3:30) o Thursday AM Series (8:30-11:30) o Thursday PM Series (12:30-3:30)</p> <p style="text-align: center;">Individual Classes \$22.50/members \$25/non-members</p> <p>Please list dates you will attend: _____</p> <p><i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____</p> | <p style="text-align: center;">12 Week Series \$260/members or \$290/non-members</p> <p>o Friday AM Series (8:30-11:30) o Friday PM Series (12:30-3:30) o Saturday AM Series (9:00-12:00)</p> <p style="text-align: center;">Individual Classes \$22.50/members \$25/non-members</p> <p>Please list dates you will attend: _____</p> <p><i>Refer a friend. You and your friend get a 5% discount. Applications must be submitted together.</i> Referral Name: _____</p> |
| CUB CLUB TOTAL AMOUNT ENCLOSED | NATURE TYKES TOTAL AMOUNT ENCLOSED | A-ZOO PRESCHOOL SAFARI TOTAL AMOUNT ENCLOSED |

Payment Options:

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 education@dallaszoo.com or call 214-670-6832

REGISTRATION FORM CONTINUED

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

RELEASE OF LIABILITY FOR _____ :

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 "releases") 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 "releases" 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.

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 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 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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