

Summer Zoo Camp 2019

Please complete the following form, **four pages**, and submit by:

1. FAX: (716) 995-6125

2. MAIL: Buffalo Zoo – Summer Zoo Camp
300 Parkside Avenue
Buffalo, NY 14214

OR



CAMPER'S NAME: _____	AGE (during camp): _____ MALE ___ or FEMALE ___
Weeks Attending Camp <i>Please circle the date you wish to attend camp</i>	Before (7:45-9:00 a.m.) & After (3:30-5:00 p.m.) Care <i>Please be specific (type of care & weeks)</i>
You Are What You Eat: July 8-12 OR July 29-August 2	
Zoopourri: July 15-19 OR August 5-9	
Animal Detectives: July 22-26 OR August 12-16	
Cub Camp: AM – Aug. 19-23 (9-11:30 a.m.) OR PM – Aug. 19-23 (1-3:30 p.m.)	

PARTICIPANT(S) INFORMATION

Parent/Guardian Name: _____
(first name) _____ *(last name)*

Mailing Address: _____
(Street & Apt. #)

_____ *(City, State & Zip)*

Phone Number: _____
(daytime)

_____ *(evening)*

E-mail address: _____

Name of individual(s) authorized to pick up child: _____

You may request that your child be placed in the same group with one other camper of the same age: _____
(camper first and last name)

MEDICAL & EMERGENCY INFORMATION *(If parent/guardian above cannot be reached)*

Emergency Contact: _____ Relationship _____

Phone Number: _____
(daytime) _____ *(cellular)*

Doctor's Name: _____ Phone Number: _____

Please detail any allergies or special needs we should be aware of (includes ADD, ADHD, behavioral issues, etc.): _____

Summer Zoo Camp T-shirts for full-day campers
Each child enrolled in full-day camp will receive one camp T-shirt for each week of camp that they will be attending. They will receive their T-shirt each Monday of camp and they are encouraged (not required) to wear their camp T-shirts for the remainder of the camp week. Sizes requested cannot be guaranteed for campers registering after May 5, 2019. Please circle the appropriate size for your child's camp T-shirt.

CHILD: 6-8 10-12 14-16 ADULT: Small Medium Large X-Large

PARENTAL RELEASE FORM

Summer Zoo Camp at the Buffalo Zoo

THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED

While Summer Zoo Camp at the Buffalo Zoo will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept or tolerate children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy camp programs. Any of the above reasons will be grounds for dismissal from camp. The decision to remove a child from a camp program, whether it be for the day or the entire camp, will be based on the discretion of the camp director.

I understand that it is my sole responsibility for my child to arrive at the Buffalo Zoo no later than 9:00 a.m. and remain on Zoo grounds, under the supervision of the staff of the Buffalo Zoo and Docent leaders until 3:30 p.m. Should I enroll my child in the *Before* and *After Care* Programs, I understand that the *Before Care* begins at 7:45 a.m. and the *After Care* ends at 5:00 p.m. promptly. It is at the discretion of the camp director to discontinue this service, without refund, should there be frequent noncompliance with the guidelines stated above.

Except as set forth above under 'Special Needs and Allergies', I certify that my child is in good health and can participate in all normal activities of the group. I authorize and direct the Buffalo Zoo to call a doctor or other medical personnel and to obtain or provide such other medical services as the Buffalo Zoo, in its sole discretion, deems necessary or appropriate in the event of an accident or sickness affecting my child. I shall be solely responsible for paying all expenses incurred with respect to any such accident or sickness.

I authorize the Buffalo Zoo to take and use photographs and videos of the minor listed above, of whom I am a legal parent/guardian, for purposes of its public relations and advertising activities. I understand that I will receive no compensation for such use.

I hereby give permission for my child _____, to participate in the Summer Zoo Camp at the Buffalo Zoo. I agree to assume all risks connected therewith. I agree to release and discharge in advance the Buffalo Zoo, their employees, Docents and volunteers from any and all liability for personal injury, death or property damage connected with my child's participation in the summer camp program.

Signature _____ Date _____

PROOF OF IMMUNIZATION MUST BE PROVIDED BEFORE THE FIRST DAY OF CAMP. CAMPERS WITHOUT IMMUNIZATION PROOF WILL NOT BE ALLOWED TO PARTICIPATE IN CAMP.

Immunization records may be included with paper registration, e-mailed to the camp director ethompson@buffalozoo.org, faxed to (716) 995-6125, or mailed to: Summer Zoo Camp, Buffalo Zoo, 300 Parkside Ave., Buffalo, NY 14214.



Summer Zoo Camp 2019 Scholarship Application

Sponsored by the Children's Foundation of Erie County

PART A: Child's Information

Please fill out a separate camp scholarship application for each child you wish to be considered for this opportunity.

Name: _____ Age: _____

Date of Birth: _____ Grade: _____ Male Female

Dates to attend Zoo Camp:

Please rate the following weeks in order of preference (1=most preferred, 6=least preferred). Zoo Camp Scholarships will be awarded for one week only of the summer program. Before and After Care are not eligible for scholarships.

___ July 8-12, 2019 – *You Are What You Eat*

___ July 15-19, 2019 – *Zoopourri*

___ July 22-26, 2019 – *Animal Detectives*

___ July 29 – Aug. 2, 2019 – *You Are What You Eat*

___ August 5-9, 2019 – *Zoopourri*

___ August 12-16, 2019 – *Animal Detectives*

___ August 19-23, 2019 – *Cub Camp* (AM or PM, circle one)

PART B: Parent or Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

PART C: Financial Need

Scholarships are awarded in the majority due to financial need. To help us determine your eligibility, please indicate if you are currently receiving any assistance from any of the programs or organizations listed below. Please include a copy of documentation to confirm the source of financial aid indicated below.

Please check all applicable programs below.

___ School lunch program

___ Food Stamp program

___ Welfare

___ Social Security

___ Social Service Agency, Agency name: _____

___ Other, name: _____

If you do not qualify for any of the programs listed above, but feel that there are other circumstances affecting your financial stability, please indicate below.

PART D: Student Application

*The number of scholarships for Buffalo Zoo Summer Camp is very limited. To assist us in our search for the best candidates, we would like to know more about the student. Please have **the prospective camper** write a short paragraph or include a picture of why Buffalo Zoo Summer Camp would be such a great experience.*

All information provided to the Buffalo Zoo will be kept strictly confidential. Participants will be notified at least 2 weeks prior to the start of the program. If you have any questions, please feel free to contact the Buffalo Zoo Education Department at (716) 995-6124.

Please return the completed scholarship application and all supporting documentation to:

Education Department – Summer Zoo Camp Scholarship Program
Buffalo Zoo
300 Parkside Avenue
Buffalo, NY 14214

- *Application deadline is Friday, May 3, 2019.*
- *Scholarships do not include before and after care.*
- ***All scholarship applications should be submitted with completed camp registration forms.***
- *Only **completed** scholarship applications will be considered.*