

# 2024 Zoo Camp Registration Form

(CAMP GROUP: EXPLORERS 4-5 year olds)

Please fill out 1 form per child

Camper's Name:

Age:

Birth date:

Parent/ Guardian's Name:

Parent/ Guardian's Name:

Current Wildwood Wildlife Park Zoo Member (If applicable):

Address:

City, State, Zip:

Phone Number:

Work phone number:

Cell Phone Number:

Email:

Other People Who may pick-up your child (s):

1.)

2.)

3.)

How would you like to receive your confirmation letter:

\_\_\_\_\_ E-Mail

\_\_\_\_\_ Postal Mail

## Emergency Information:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**\*\* Note: Children on medication need to be self-medicating. The zoo is not responsible for dispensing or storing medications.**

Additional Emergency Contacts:

Name:	Phone Number	Relationship:

**Zoo Camp T-Shirt**

Campers are required to wear their shirts at all times during camp, they will receive one free t-shirt with registration.

**Please indicate your requested size below.**

Child's XS (4-6) \_\_\_\_\_  
 S (6-8) \_\_\_\_\_  
 M (10-12) \_\_\_\_\_  
 L (14-16) \_\_\_\_\_

\*\*Additional T-Shirts are available for \$15 each

**Camper's Name:** \_\_\_\_\_

Check the week your child will attend. Full payment is required at time of registration to reserve a space for your camper.

**Cancellation & Refund Policy:**

Cancellation made more than 3 weeks prior to the start of the camp session will receive a refund of 75% of the program fee. No refunds for less than 3 weeks prior to the camp session. Refunds will not be issued for no-shows for any camp program regardless of cause.

**Dates:**

June 10 <sup>th</sup> -13 <sup>th</sup> , 2024 (Explorers: 4 day camp) <b>4-5 Year olds (9AM-12:30PM)</b>

**Camp Fee Summary:**

\$300.00.00; Nonmembers \$ \_\_\_\_\_

\$275.00; Current Wildwood Wildlife Park Zoo Member \$ \_\_\_\_\_

Full payment is required to save campers spot along with all signed waivers. Cash or check are accepted!

**Add-on:**

\$45.00 Lunch Meal Plan (4 days) \$ \_\_\_\_\_

\$10.00 Per Water Bottle: \$ \_\_\_\_\_

\$15.00 Per Extra T-Shirt: \$ \_\_\_\_\_

Enclose a check payable to: Wildwood Wildlife Park or use MC/Visa

MC/Visa #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit code on back: \_\_\_\_\_

Signature: \_\_\_\_\_

In the event of an emergency, I hereby authorize Wildwood Wildlife Park Zoo & Safari and its staff to obtain medical care for my child.

Parent/ Guardian Name:	Parent/Guardian Signature

**Zoo Camp Forms must be completed and sent back by fax or email to secure your spot!**

[Education@wildwoodwildlifepark.com](mailto:Education@wildwoodwildlifepark.com) or Fax: 715-358-3688

**We accept check, cash or credit card**

Or Mail to Zoo Camp:  
 10094 Hwy 70 West  
 Minocqua, WI 54548

For More information contact Kimberlyn Domaszek (715)356 5588 \* Email: [education@wildwoodwildlifepark.com](mailto:education@wildwoodwildlifepark.com)