Summer Zoofari Camp

Parents’ Guide 2020

2020 Summer Day Camp Dates and Rates

<table>
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<tr>
<th></th>
<th>Full-Day Camp</th>
<th>9:00 AM – 4:00 PM</th>
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<tbody>
<tr>
<td>Sibling Registrations</td>
<td>$150.00 members/$175.00 nonmembers</td>
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<tr>
<td>Half-Day Camp</td>
<td>$135 members, $160 non-members per session</td>
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<tr>
<td>*Not eligible for discounts</td>
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<tr>
<td>Before Camp Care</td>
<td>$15/day members and nonmembers</td>
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<tr>
<td>After Camp Care</td>
<td>$15/day members and nonmembers</td>
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<td>Lunch</td>
<td>$25/week</td>
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<td></td>
<td>9:00 AM – 12:30 PM</td>
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<td>Starts at 7:45 AM</td>
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<td>Ends at 5:00 PM</td>
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Zoofari is a place where campers can explore their wild side! Our day camp is designed to provide campers with a variety of unique wildlife and conservation themed activities in a safe and nurturing atmosphere. Our goal is to foster a desire to preserve, conserve and learn about wildlife and the world around us while providing fun and interactive programs.

Program activities may include, but are not limited to:

- Tours of zoo habitats
- Animal enrichment making
- Keeper chats
- Up-close encounters with animal ambassadors*
- STEAM projects
- Themed games and activities
- Nature walks and outdoor exploration

*Up-close encounters: Campers will have the opportunity for up-close encounters with small animal ambassadors. Touching of these animals may or may not be permitted.

New York State Zoo at Thompson Park
One Thompson Park ● Watertown NY ● 13601
tel 315.782.6180 ● fax 315.782.6192 ● info@nyszoo.org
Camp Schedule and Topics

Session 1 (July 6-10): Animal Professionals
Do you have a passion for animals? Are you wondering how to channel that passion into a career? We will spend this week exploring and meeting different professions that have animals as a highlight.

Session 2 (July 13-17): Wilderness Explorers
What is that? See and hear it? Let's learn to explore our wilderness a little differently by using more of our senses! We'll get our hands (and noses) on as we do experiments and learn about different nature topics; including plant defenses, animal communication, and natural chemical reactions!

Session 3 (July 20-24): Water Wonders
Cool off this summer with us in this awesome week! Dive just beneath the surface as we learn about the big and small critters that live there. We will discover how they live and what it may mean if we find them. Experiment with water's properties and explore its cycle in ways you haven't before!

Session 4 (July 27-31): Into the Sky
Ever find yourself watching the clouds go by? Wonder what that smell after rain is? How do we predict the weather? How does nature predict weather? Is it true sunflowers move with the sun? Find out all this and more as we explore the skies, and what we find there!

Session 5 (August 3-7): Beneath Our Feet
Watch your step! This week will be a hands on experience with how soil is made, what lives in or under ground, and what it really means to be "older than dirt!" We will learn about our burrowing friends, from worms to salamanders and even some native rodents and reptiles too!

Session 6 (August 10-14): What's the Buzz?
Buuuzzzzzz. What's that sound? Ever curious about the creatures that buzz around? This week we will learn about a number of insects, bees, and other pollinators. Explore the less known bees, butterflies, and even birds helping to keep our food sources going! We will even take time for some of the more pesky buzzing bugs in our world.

Session 7 (August 17-21): World Around Us
This week we will get into exploring our own interactions with our world locally! Discover more about the change of the seasons for us and the animals. Learn about the Tug Hill, Adirondacks, animals of NYS and our own interactions with their and our natural habitat.

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tel 315.782.6180  •  fax 315.782.6192  •  info@nyszoo.org
Registration and Admission Policy

Pre-registration & medical authorization is required for all campers. Pre/After camp care must be reserved during the initial registration period. All registrations are processed on a first come, first served basis.

Registration and medical release forms can be found on our website at www.nyszoo.org/zoofari/.

Please submit your registration packet by mail, e-mail, or in person at the Zoo’s admissions desk:

Thompson Park Conservancy
Attn: Zoofari
1 Thompson Park
Watertown, NY 13601

e-mail: sylvan@nyszoo.org

Refunds will not be issued for no-shows or cancellations made less than one week from the first day of the session for which you are registered. If you need to change camp sessions or make cancellations prior to two weeks before your session please call 315-755-0896.

Lunch Guidelines

Campers may bring their own lunch and beverage or pre-purchase meals from the zoo.

For your convenience, we are offering the option to purchase lunches at $25 per week. Lunches must be purchased in advance to allow for timely preparation. Campers who have not signed up for this option and are sent to camp without lunch will be provided with a meal and a charge of $5.00 + tax will be added to your account for each meal.

The Zoo will provide mid-morning snacks for all campers. Examples of snacks include: animal crackers, fruit gummies, juice, go-gurt, and string cheese.

* Please note in your registration form if your child has any food allergies. *

New York State Zoo at Thompson Park
One Thompson Park • Watertown NY • 13601
tel 315.782.6180 • fax 315.782.6192 • info@nyszoo.org
Discipline Policy

To provide for a safe and enjoyable Zoofari experience, campers exhibiting disruptive or potentially harmful behaviors may be asked to leave the camp. These behaviors include, but are not limited to: repeatedly not following directions, bullying, hitting, kicking, biting, inappropriate language or other harassment. In the case of a minor behavioral issue, we will work with the child help them understand the importance of appropriate behavior. If repeat issues occur then parents/guardians will be contacted.

While the discipline policy & Zoo rules will be reviewed with all campers on their first morning at camp, please discuss them policy with your camper beforehand. We believe that your support and understanding of these expectations is integral to your camper’s positive experience. We appreciate your help in making this year’s Summer Zoofari Camp a success for your child and fellow campers.

Things to Keep in Mind

_Do remember to send your child with sunscreen and insect repellent if necessary. The zoo cannot provide these items._ Medical forms are required if you would like staff to help apply these items or administer any medication.

_Do send your child in comfortable shoes and clothing appropriate for the day’s weather. Activities will take place rain or shine and campers will do a lot of walking._

_Please do not send your camper with cell phones, video games, or music players. Backpacks and water bottles are acceptable; however your child is responsible for carrying those items throughout the day. Water bottles are encouraged, especially during the warmer days._
Summer
Zoofari 2020
Registration Form

Child’s name: __________________________________________________________________________
(Last Name) __________________________________________________________________________
(First Name)

Birth Date: ___________________ Age as of July 1*: ___________________ T-shirt Size: ________
(Month/Date/Year) (Child/Adult)

Parent/Guardian Name: _________________________________________________________________
(Last Name) __________________________________________________________________________
(First Name)

Address: ____________________________________________________________________________

Phone: (____) ___________________ (____) ___________________ (____) ___________________
(Home) (Work) (Cell)

Email Address: _________________________________________________________________________

Please select the session/s you are interested in. Session descriptions can be found in the summer
day camp Parents’ Guide.

☐ Animal Professionals: July 6-10
☐ Wilderness Explorers: July 13-17
☐ Water Wonders: July 20-24

☐ Into the Sky: July 27-31
☐ Beneath our Feet: Aug 3-7
☐ What’s the Buzz?: Aug 10-14

☐ World Around Us: Aug 17-21

☐ Check here if payment Information below is for multiple children (registration forms attached)
  **For additional sibling registrations, a 10% discount will be offered**

Full-Day Camp
($150 members, $175 non-members per session) #_____ of sessions @ $ _______ each = $ _______

Sibling Registrations
($135 members, $160 non-members per session) #_____ of sessions @ $ _______ each = $ _______

Half-Day Camp  9AM-12:30PM
($80 members, $90 non-members per session) #_____ of sessions @ $ _______ each = $ _______

Before Camp Care (7:45 – 9:00am)
($15 per day for members and non-members) #_____ after care @ $15/day = $ _______

After Camp Care (4:00 – 5:00pm)
($15 per day for members and non-members) #_____ after care @ $15/day = $ _______

Optional Lunch
($25 per week / snacks included in initial cost) #_____ lunches @ $25/week = $ _______

Total = $ _______

☐ I will mail a check payable to "Thompson Park Conservancy"

☐ I have paid online or in person

Receipt number __________________

Medical Form Required with Registration
Zoofari 2020
Medical Authorization Form

Child’s name: ____________________________________________________________

DOB: ____________________________ (MM/DD/YY)

Parent/Guardian Name: ____________________________________________________________

(Last Name) (First Name)

Emergency Contact Persons
(Please circle which number to call first in an emergency)

1. Name: _________________________________________________________________________________________

(Last Name) (First Name)

Address: ________________________________________________________________________________________

City, State, Zip Code: ______________________________________________________________________________

Phone: (____) _____________________ (____) ________________________ (____) ___________________________

(Home)  (Work)  (Cell)

Relationship to Child: __________________________________________________________________________

2. Name: _________________________________________________________________________________________

(Last Name) (First Name)

Address: ________________________________________________________________________________________

City, State, Zip Code: ______________________________________________________________________________

Phone: (____) _____________________ (____) ________________________ (____) ___________________________

(Home)  (Work)  (Cell)

Relationship to Child: __________________________________________________________________________

Medical History

Identify any medications your child is currently taking (purpose and dosage): ____________________________________
________________________________________________________________________________________________

If your child has a medical condition(s) we should be aware of or requires special accommodations please describe them:
________________________________________________________________________________________________

________________________________________________________________________________________________

Medical Insurance Company: _______________________________________________________________________

Physician: ______________________________________________________  Phone: (____) ______________________

Special dietary needs: _____________________________________________________________________________________

Allergies: _____________________________________________________________________________________________

Immunization Dates (MM/YY): Tetanus (DTaP) ____________ Measles (MMR) ____________

Prefer Immunization Record

Photo/Video Release: I hereby authorize Thompson Park Conservancy to use, reproduce, and/or publish photographs
and/or video that may pertain to me and my child – including my image, likeness, and/or voice without compensation. I
understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast
public service advertising (PSAs), multimedia exhibits, or for other related endeavors. This material may also appear on
Thompson Parks Internet Web Page and/or digital social media services.

Please check one: ☐ I AGREE, ☐ I DISAGREE

And hereby certify that I am the legal guardian
of the minor and can legally grant permission
for the use of his or her image.

RELEASE OF CLAIMS: As part of the consideration tendered for myself and my child/ward, having not attained the age
of 18, being permitted to participate in Zoofari Day Camp at Thompson Park Conservancy:

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include
but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, contact
with staff/volunteers, contact with animals, and drowning. I waive all claims that I might have based on any of those and
other risks typical in this type of activity. I am aware staff/volunteers may provide support for this program/event, including
but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated
external defibrillator). I authorize any such staff/volunteers to assist me or my child/ward to provide such assistance as, in
the opinion of such person may be necessary or appropriate. I understand that neither the Thompson Park Conservancy,
nor any of its supporting sponsors, assume any responsibility or liability with respect to me or my child/ward’s participation
in this program/event. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to
fully release, hold harmless, and indemnify Thompson Park Conservancy, all sponsors, all representatives (including
staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of me or my child/ward’s
participation in this program/event, even though liability may arise out of negligence or carelessness on the part of the
persons named in this waiver.

AUTHORIZATION, SIGNATURE, AND CONSENT TO TREAT: In the event of injury or illness, I authorize (on behalf of
myself and my child/ward) Thompson Park Conservancy to obtain first aid and/or medical treatment at the nearest and
most adequate facility of Thompson Park Conservancy’s choice. This medical treatment authorization form is completed
and signed of my own free will and authorizes medical treatment for myself or, in my absence, for the minor child/ward
listed at my expense.

By indicating your acceptance, you understand, agree, warrant, and covenant for yourself and for your minor child/ward,
as follows.

X Signature of Parent/Guardian: ___________________________ Date: _____________________