



# Autumn 2020 School in the Zoo



For Youth in Grades 3 - 5

## Registration Packet & Program Guide

The Zoo is a place where youth can get out and explore their world and local wilderness! Our School in the Zoo program is designed to allow youth to work on their virtual schooling while also being able to experience fun and interactive program opportunities during down time. Our program is set up to deliver a variety of conservation, wildlife, and environment themed activities throughout a non-traditional school day. Our goal is to foster a desire to preserve, conserve and learn about wildlife and the world around us. Program activities may include, but are not limited to: nature games, observational activities, leaf art, STEM projects, up-close encounters with animal ambassadors, outdoor exploration and more!

### Autumn 2020 Rates & Dates

<b>Full Week of School</b>	<b>\$175</b>	<b>9:00AM – 4:00 PM</b>
<b>Pay-By-Day School</b>	<b>\$45/day</b>	<b>9:00AM – 4:00 PM</b>
<b>Before Care</b>	<b>\$15/day</b>	<b>Starts at 7:45 AM</b>
<b>After Care</b>	<b>\$15/day</b>	<b>Ends at 5:00 PM</b>
<b>Each Additional Sibling</b>	<b>\$15/OFF Full Week ONLY</b>	

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<b>Session 1</b>	•	<b>October 19-23</b>
<b>Session 2</b>	•	<b>October 26-30</b>
<b>Session 3</b>	•	<b>November 2-6</b>
<b>Session 4</b>	•	<b>November 9-13</b>
<b>Session 5</b>	•	<b>November 16-20</b>

*\*Up-close encounters: Youth will have the opportunity for up-close encounters with small animal ambassadors. Touching of these animals is likely to not be permitted. \**

## Registering & Admission Policy

Pre-registration & medical authorization is required for all campers. Before/After care must be reserved during the initial registration period. All registrations are processed on a first come, first serve basis. Spots are limited, so please be patient as we aid you in finding the best solution.

Registration, medical release forms, and other waiver forms can be found later in this packet.

**Please submit your registration packet by mail, e-mail, or in person at the Zoo's admissions desk during open hours:**

Zoo New York

E-mail: [sylvan@zoonewyork.org](mailto:sylvan@zoonewyork.org)

Attn: School in the Zoo

1 Thompson Park

Watertown, NY 13601

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

## Lunch Guidelines

Youth are to bring their own lunch and beverage to the Zoo. They may bring additional snacks for during snack time if they wish. Any youth that does not bring a lunch with them for the day will be provided with a meal and a charge of \$5.00 + tax will be added to your account.

The Zoo will provide mid-morning snacks for all youth. Examples of snacks include: animal crackers, fruit gummies, pretzels, juice, go-gurt, string cheese, apple slices, or goldfish. If your youth may need an additional snack throughout the day, please notify us in the notes section on your registration.

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

## Discipline Policy

To provide for a safe and enjoyable School in the Zoo experience, youth 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 youth to 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 with your youth beforehand. We believe that your support and understanding of these expectations is integral to your youth's positive experience. We appreciate your help in making this year's 2020 School in the Zoo a success for your children and fellow youth.

## 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/permission slips 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. Even on days of virtual learning your youth may end up walking around the Zoo and activities take place rain or shine.

**Do** send your youth with their schoolwork and appropriate electronics they may need for the school day. This means if your youth is using a tablet, ipad, laptop, etc. be sure to send the device and its charger with the youth. We suggest marking both with a piece of colored tape or initials, especially the chargers. Backpacks and water bottles are highly suggested. There is a water fountain and sink near the Zoo's classroom.

**Please do not** send your youth with cell phones, video games, or music players.

Submitting the registration form and additional documents is agreeing that you have read through the registration packet.

## Autumn School in the Zoo Registration Form

Youth's name: \_\_\_\_\_  
Last Name First Name

Birth Date: \_\_\_\_\_ Age as of Oct. 1<sup>st</sup>: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
MM/DD/YY

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Cell) (Work) (Home)

E-mail Address: \_\_\_\_\_

*Please select the session(s) you are interested in.*

- Session 1: October 19-23       Session 2: October 26-30       Session 3: November 2-6  
 Session 4: November 9-13       Session 5: November 16-20

Check here if participating in Full Week: \_\_\_\_\_

*\*\*If you are doing the Pay By Day please check which days of the week your youth would participate in. If you are participating in multiple weeks with different select days, please fill out one form per session\*\**

Monday: \_\_\_\_ Tuesday: \_\_\_\_ Wednesday: \_\_\_\_ Thursday: \_\_\_\_ Friday: \_\_\_\_

Check here if payment information below is for multiple children (additional registration forms attached)

*\*\*For sibling registrations, a \$15 discount on Full Week will be offered\*\**

**Full Week of Program** (\$175) # \_\_\_\_ of sessions @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_

**Pay-By-Day Program** (\$40 per day) # \_\_\_\_ of total days @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_

**Sibling Registration** # \_\_\_\_ of sessions @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_

**Before Care** (7:45-9:00am) # \_\_\_\_ before care @ \$15/day = \$ \_\_\_\_\_

**After Care** (4:00-5:00pm) # \_\_\_\_ before care @ \$15/day = \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

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

I have paid in person or over the phone

Receipt Number: \_\_\_\_\_

### Medical Form Required with Registration

Zoo New York  
One Thompson Park • Watertown NY • 13601  
(P)315.782.6180 • (F)315.782.6192 • sylvan@zoonewyork.org



Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

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

Immunization Dates (MM/YY): Tetanus (DTAP) \_\_\_\_\_ Measles (MMR) \_\_\_\_\_

**Photo/Video Release:** I hereby authorize Zoo New York (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 Zoo New York’s 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 School in the Zoo at Zoo New York & 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 experience.

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: \_\_\_\_\_

**Coronavirus / COVID-19 Warning & Disclaimer**

The Zoo has developed policies and procedures for our educational programs and operations based on state and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend physical distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in camp programs or accessing Zoo facilities could increase the risk of contracting COVID-19. The Zoo in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing Zoo facilities.

**I agree to follow the following procedures established by the Zoo. Please initial below:**

\_\_\_\_\_ I will alert the Zoo if camper or anyone in campers household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of camp or during the camp session.

\_\_\_\_\_ I will alert the Zoo if anyone in campers' household is diagnosed with COVID-19.

\_\_\_\_\_ I understand that camp may need to close on short notice due to government order, child or staff illness, or another emergency.

\_\_\_\_\_ I can return to the camp within one hour of being notified by phone if the child must be picked up.

\_\_\_\_\_ I will take camper(s) temperature each morning prior to camp drop off and alert staff if the camper has a fever (temperature of 100.4° or higher).

\_\_\_\_\_ I understand if camper has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours, they may not attend camp.

**School in the Zoo Program Parental Consent:**

I, \_\_\_\_\_, am aware that while participating in a program or activity arranged by the Zoo New York, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness, and forces of nature. I agree to indemnify and defend Zoo New York and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the Zoo's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of \_\_\_\_\_ (name of participant) in School in the Zoo 2020 except to the extent that such loss or damage is occasioned by the negligent act or omission of the Zoo, its officers, agents or employees and no negligence on the part of the Participant. Zoo New York has my consent to secure treatment at the closest hospital in the event of a medical emergency.

**X Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_