

# ZOO CLASSES 2018

7365617

## Mail-in Registration Form (One family per form. Photocopy if additional space is needed.)

Zoo Pass Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please print all information - Increase your chances of getting into a class by including second and third choices.

### 1<sup>st</sup> CHILD'S INFORMATION

| CLASSES | 1 <sup>st</sup> Choice |      |            | 2 <sup>nd</sup> Choice |      |            | 3 <sup>rd</sup> Choice |      |            | FEE |
|---------|------------------------|------|------------|------------------------|------|------------|------------------------|------|------------|-----|
|         | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

List any allergies, medical conditions, dietary restrictions and special needs or accessibility needs. Arrangements must be made prior to registration.

Please add this child to the waiting list using email address listed below.

### 2<sup>nd</sup> CHILD'S INFORMATION

| CLASSES | 1 <sup>st</sup> Choice |      |            | 2 <sup>nd</sup> Choice |      |            | 3 <sup>rd</sup> Choice |      |            | FEE |
|---------|------------------------|------|------------|------------------------|------|------------|------------------------|------|------------|-----|
|         | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |
|         |                        |      |            |                        |      |            |                        |      |            |     |

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

List any allergies, medical conditions, dietary restrictions and special needs or accessibility needs. Arrangements must be made prior to registration.

Please add this child to the waiting list using email address listed below.

### FAMILY CLASS

| CLASSES | 1 <sup>st</sup> Choice |      |            | 2 <sup>nd</sup> Choice |      |            | 3 <sup>rd</sup> Choice |      |            | # of Adults | # of Children | Ages of Children | FEE |
|---------|------------------------|------|------------|------------------------|------|------------|------------------------|------|------------|-------------|---------------|------------------|-----|
|         | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME | SESSION NUMBER         | DATE | START TIME |             |               |                  |     |
|         |                        |      |            |                        |      |            |                        |      |            |             |               |                  |     |
|         |                        |      |            |                        |      |            |                        |      |            |             |               |                  |     |
|         |                        |      |            |                        |      |            |                        |      |            |             |               |                  |     |
|         |                        |      |            |                        |      |            |                        |      |            |             |               |                  |     |

### AUTHORIZED TO PICK UP CHILDREN

We will send your child home only with the contacts listed below:

Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_



A Zoological Society and Milwaukee County Zoo Partnership

No mail-in registrations processed until Nov. 7. Online registrants get priority.

**Mail to:**  
 Zoological Society  
 Conservation Education  
 10005 W. Bluemound Rd.  
 Milwaukee, WI 53226-4383

Office use only

Parent's Last Name \_\_\_\_\_

Parent's First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell/Work Phone Number \_\_\_\_\_

Email Address required for waiting list notification \_\_\_\_\_

Alternate Non-Emergency Contact (in the event that parent cannot be reached):

Name \_\_\_\_\_

Relationship to Child/Children \_\_\_\_\_

Phone Number \_\_\_\_\_

Payment by credit card is preferred. However, if you prefer to pay by check, enclose a **separate check** for each class requested (if applying for two classes, two separate checks are required).

Make checks payable to **Zoological Society**.

Credit Card Number (VISA or MasterCard ONLY) \_\_\_\_\_

Security Code \_\_\_\_\_ (Last 3 digits in signature area on back of credit card. REQUIRED for processing.)

Expiration Date \_\_\_\_\_

Print Card Holder's Name (as it appears on credit card) \_\_\_\_\_

Card Holder's Address (if different from parent) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_