

Jacksonville Zoo and Gardens
2010 Fall Early Childhood
Programs Registration Form

Only one student per registration form!
 Advance registration is required and full
 payment must accompany registration form.
 Registration deadline is 5 p.m. the Thursday
 before classes start.

Please mail form to:
 Jacksonville Zoo and Gardens,
 Education Department, 370 Zoo Parkway,
 Jacksonville, FL 32218
 Or, FAX form to 904-757-2444
 Or, hand deliver form to the PepsiCo Foundation
 Education Campus

Child's Name: _____ Age: _____ Parent's Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Daytime Phone: _____ Cell/Evening Phone: _____

E-Mail Address: _____ Please add child to waiting list using the e-mail address listed

Jacksonville Zoo Member: Yes _____ – Member #: _____ No _____

Please circle the date(s) of the desired program(s) below:

Kiddy Paws 10:00 AM Toddlers 9 – 35 months old			Zoo Tots 11:00 AM Preschoolers 3 to 5 year olds			List any allergies, medical conditions, dietary restrictions, and special needs. Special needs/Accessibility needs arrangements must be made prior to registration. I authorize emergency medical treatment for my child. I also agree to allow the Jacksonville Zoo and Gardens to use pictures/photos of my child for promotional and news purposes. Signature: _____ (Your signature is required for your child to attend classes)
Sept.	14	or 16	Sept.	14	or 16	
Sept.	21	or 23	Sept.	21	or 23	
Sept.	28	or 30	Sept.	28	or 30	
Oct.	5	or 7	Oct.	5	or 7	
Oct.	12	or 14	Oct.	12	or 14	
Oct.	19	or 21	Oct.	19	or 21	
Oct.	26	or 28	Oct.	26	or 28	
Nov.	2	or 4	Nov.	2	or 4	
Nov.	9	or 11	Nov.	9	or 11	
Nov.	16	or 18	Nov.	16	or 18	

Program fee:
 Zoo Members # of classes _____ x \$10.00 each = \$ _____

Non-members # of classes _____ x \$13.00 each = \$ _____

For charge card orders - \$3.00 processing fee = \$ _____

TOTAL FEE
ENCLOSED\$ _____

Please charge my: () Visa () MasterCard () Amex () Discover

Card # _____

Expiration date: _____ V-Code: _____
 (Last 3 or 4 digit code from the back of the card)

Signature of cardholder: _____

Print your name as it appears on the card: _____