

Jacksonville Zoo and Gardens Education Department Home School Registration Form August - December 2009	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
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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 and times desired:

	Tues.	Wed.	Thurs.	Times		
September	22	23	24	9:30	10:30	11:30
October	13	14	15	9:30	10:30	11:30
November	17	18	19	9:30	10:30	11:30
December	15	16	17	9:30	10:30	11:30

 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 purpose.

Signature: _____
 (Your signature is required for your child to attend classes)

Program fee: Zoo Members # of hours _____ x \$3.00 each = \$ _____

Non-members # of hours _____ x \$3.50 each = \$ _____

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

TOTAL FEE ENCLOSED..... \$ _____

Or, please charge my: () Visa () MasterCard () Amex () Discover Card # _____

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

Print your name as it appears on the card: _____