

Capron Park Zoo Education Department

Please PRINT neatly and fill out ALL information

Summer Zoocademy Registration Form

Parent Name: _____

Contact Phone: _____

Address: _____

Email: _____

City: _____

State: _____ ZIP: _____

Member? Yes No

Membership Expiration Date: _____

Child Name	Session Code	Before Care and Days: \$5/day					After Care and Days: \$10/day					Total
		M	T	W	Th	F	M	T	W	Th	F	
SUBTOTAL											\$	
Less multi-session discount *											-\$	
Total Due											\$	
TOTAL ENCLOSED (50% deposit required)												
											XXXXXXXX	

Please list any life-threatening allergies: _____

<p>Registration instructions: Fill out this form completely. Write appropriate session code for each registrant (<i>session codes are the letter/number combination beside each session</i>). For before care and after care, indicate the number of and which are days needed following the letter combination.</p> <p>A 50% deposit is required to register a child for programming. Payment may be made by cash, check or charge.</p> <p>Once your registration is processed, you will receive a confirmation letter.</p>	<p>Sign your child up for two or more sessions and receive an additional 15% off your total!</p> <p><small>*PLEASE NOTE: Junior Caretakers DOES NOT qualify for multi-session discount UNLESS you sign up for BOTH sessions</small></p> <p>Have multiple children attending? <i>10% discount off your total due!</i></p>	<p>REFUNDS: You may cancel your child's registration and receive a refund <i>minus a \$25 processing fee</i> before JUNE 1. NO REFUNDS WILL BE ISSUED AFTER JUNE 1, 2019</p> <p>Questions about registration? Contact the Education Department at: 774-203-1843 Or VIA email: melanie.curator@cityofattleboro.us</p>
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Please make checks payable to:
Capron Park Zoo Education Department

Send this form, along with payment to:
Capron Park Zoo, Summer Zoocademy
201 County St
Attleboro, MA 02703

CREDIT CARD PAYMENTS

Mastercard VISA

Credit Card #: _____

Exp: _____ CVCcode: _____

Name on Card (Please print): _____

Signature: _____