



zoo school



REGISTRATION FORM 2012

**Please note registrations are accepted on a first come first serve basis.*

STUDENT:

Name: _____

Date of Birth: _____
(yyyy/mm/dd)

Home Phone: (____) _____

Cell Phone: (____) _____

Ontario Education Number (OEN):

School Board:

PARENT/GUARDIAN:

Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

In the event that no parent/guardian is available the emergency contact will be called.

MAILING ADDRESS: (Permanent Residence of Student)

Street & Apt #: _____

City/Town: _____ Postal Code: _____

SCHOOL:

Name: _____

Guidance Counsellor Name: _____

Phone: (____) _____

Address: _____

MEDICAL:

Allergies: _____

Do you carry:

epipen inhaler/puffer prescription medicine

If there is any medical or other information we should be aware of, please include it on a separate sheet with your registration.

INDIVIDUAL EDUCATIONAL PLAN (IEP):

Please notify Zoo School before registration of students requiring an accommodation, having an I.E.P., or learning disability.



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COURSE SESSION DATES:

I would like to register for (please indicate):

Session 1: July 2nd – July 27th

Session 2: August 1st – August 29th

Note: There will be no classes on August 6, 2012

Students must have successfully completed the necessary prerequisite - Science SNC2D Grade 10, Academic. **(Please include a copy of student's transcript or a report card, if credit not awarded yet, please submit copy of midterm, or proof of course being taken.)**

PAYMENT INFORMATION:

Cash / Money order

I prefer to charge my fees to my credit card:

VISA MasterCard American Express

Card #: _____

Expiry: _____ Signature: _____

Total Enclosed: \$1,150 (plus 13% HST)

Refund Policy

Refund requests must be made in writing and received at least 30 days prior to the beginning of classes for a refund of 50%. We regret that no refunds will be available after June 2nd for session one and July 2nd for session two.

How did you find out about Zoo School? _____

COURSE POLICIES AND PROCEDURES:

- ◆ Please notify Zoo School before the course begins of students requiring an accommodation, having an I.E.P., or learning disability.
- ◆ It is essential that students meet the minimum number of instructional hours to successfully complete the course. Students will be expected to complete additional assignments for missed classes.
- ◆ Zoo School has zero tolerance for plagiarism and other forms of dishonesty.
- ◆ Toronto Zoo reserves the right to cancel or change any program due to insufficient registration.
- ◆ Prices are subject to change.



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By signing below, parent/guardian and student agree to abide by all rules, regulations, financial policies, procedures, and standards of Zoo School.

Parent / Guardian Signature: _____

Student Signature: _____

Waiver * All three portions must be completed in full for registration to be processed.

1. In consideration of the Board of Management of the Toronto Zoo, its staff and/or volunteers accepting _____ (the Student(s)) as a participant(s) in the Zoo School program, I _____ (parent/legal guardian of the Student(s), hereby release the Board of Management of the Toronto Zoo, the City of Toronto, the Toronto and Region Conservation Authority, their respective employees, servants, agents, and volunteers (collectively the Zoo) of and from all claims I or my legal representative may have against the Zoo, save and except for any and all claims, I or my legal representative may have against the Zoo, arising out of the negligence of the Zoo. I further covenant and agree to indemnify and hold the Zoo harmless from all claims by a third party which the Zoo may bear arising out of the participation by the Student(s) in the program. **Dated at** _____ **this** _____ **day of** _____ **2012.**
(place) (date) (month)

***Parent / Guardian Signature** _____

2. I have provided the Zoo with all necessary medical information and I can be reached at the number(s) listed. In an emergency, I authorize the Zoo to secure medical care for my child.

***Signature** _____ **Date:** _____

3. **Consumer Image Policy:** During your time at Zoo School you may be filmed, videotaped, or photographed by or on behalf of the Toronto Zoo. Your attendance at Zoo School serves as your permission for use of this image by the Toronto Zoo for promotion of the Zoo's education programs.

Zoo School Registration can be submitted by fax (payment by credit card only), mail, or drop off at the Toronto Zoo Education Centre.

CONTACT INFORMATION:

Mail: Toronto Zoo – Education Branch
Zoo School
361A Old Finch Ave.
Scarborough, ON. M1B 5K7

Fax: 416-392-5948
Ph: 416-392-5944
Email: ZooSchool@torontozoo.ca
Web: torontozoo.com/Schools/ZooSchool.asp

