

2018 Junior Zoo Keeper Summer Camp Information and Registration Form
Little Ray's Reptile Zoo Nova Scotia

Junior Zoo Keeper Camp is a fun and educational opportunity that gives kids aged 6-14 a unique experience. Through fun interactive activities Junior Zoo Keepers will learn about the world around them and what it takes to be a real-life zoo keeper. They will spend the entire week with Zoo staff, assist with real zoo keeping tasks, learn about zoo animals and get opportunities to handle many species of animal. Junior Zoo Keepers will also go on nature walks and learn about the environment as well as local flora and fauna.

Our groups are small which allows for lots of one-on-one interaction and learning. Our camp is being held at the Museum of Natural History on Summer Street in Halifax. Junior Zoo Keeper Camp will run from 9 am to 4 pm Monday through Friday on the following weeks:

- Week 1 July 9-13
- Week 2 July 16-20
- Week 3 July 23-27
- Week 4 July 30-August 3
- Week 5 August 13-17
- Week 6 August 20-24
- Week 7 August 27-31

Cost for Junior Zoo Keeper Camp is **\$240 + tax per week (\$195 + tax for return campers)**. Pre-care starts at 7 am and post-care runs till 6 pm and if required must be prearranged; the cost is \$4 per half hour for the first child and \$2 per half hour for each additional child in the family.

Please send your Junior Zoo Keeper with:

A nut free lunch	A hat	Swimsuit*
2 nut free snacks	Sunscreen	Towel*
A refillable water bottle	Bug spray	Life jacket if required*

Due to health and allergy reasons campers may not share food, sunscreen or bug spray with other campers (siblings exempt), please ensure your Junior Zoo Keeper has their own.

*Junior Zoo Keepers will go swimming on at least one day during the week; this day will be determined by the weather.

To register please complete and return the following forms along with a 50% deposit to Little Ray's Reptile Zoo:

2018 Junior Zoo Keeper Camp Registration Form
Medical Information Release
Ray's Reptiles Policies
Junior Zoo Keeper Camp Swim Waiver

For more information, or to register, contact us by phone at (902) 253-2097 or email halifax@raysreptiles.com. A 50% deposit is due at the time of registration (remaining balance due by the first day of camp). Completed forms can be scanned or photographed and emailed back to halifax@raysreptiles.com, faxed (please call us first at 902-253-2097), or mailed to the address below:

Little Ray's Reptile Zoo NS
 537 South Rawdon Rd
 RR 1, Mount Uniacke, Nova Scotia
 B0N 1Z0



2018 Junior Zoo Keeper Camp Registration Form

(Please return one form per child)

Week(s) of camp your Jr. Zoo Keeper like to register for: _____

Boy or Girl Child's Name: _____

Date of Birth _____ Age: _____ (Camper must be at least 6 years of age on the first day of camp)

Please note that health and behavioural information may be shared between Little Ray's Staff.

Health Concerns: _____

Special Needs, Behavioural or Learning Challenges: _____

Will your child be bringing medication to be administered during the day or in an emergency?

Yes or No (if yes a medical form will have to be completed at the zoo)

Parent(s)/Guardian(s): _____

Cell _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Address: _____ Postal Code: _____

E-mail: _____

Names of adults authorized to pick up camper: _____

(Camper will only be released to the individuals listed above; please list all authorized adults)

If needed please mark the days and times that pre and/or post care will be required:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total
7:00-8:30	\$12	\$12	\$12	\$12	\$12	
7:30-8:30	\$8	\$8	\$8	\$8	\$8	
8:00-8:30	\$4	\$4	\$4	\$4	\$4	
Camp starts at 9 am and ends at 4 pm; there is no additional charge for campers dropped off after 8:30 or picked up by 4:30						
4:30-5:00	\$4	\$4	\$4	\$4	\$4	
4:30-5:30	\$8	\$8	\$8	\$8	\$8	
4:30-6:00	\$12	\$12	\$12	\$12	\$12	
Discount (circle source: Facebook promo, coupon, return camper or other _____)						--
<input type="radio"/> VISA <input type="radio"/> Master Card <input type="radio"/> EMT to halifax@raysreptiles.com <input type="radio"/> Cash Please make income tax receipt out to: _____						Subtotal
						15% Tax
						Total owing
Card #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Exp. Date:
Name on Card:	_____					CVV:
					<input type="text"/> <input type="text"/> <input type="text"/>	(3 digit code on back)

Medical Information/Release

*Any child participating in Little Ray’s Reptile Programming is to be physically able to participate in all activities. If an aid/care takers presence is required – please notify Ray’s Reptiles of Nova Scotia prior to registering.

Child’s Name: _____ Age: _____

Health Card #: _____ For health problems or other pertinent information, please note that health and medical information may be shared between Little Ray’s Staff.

Parent/Guardian: _____

Work Phone: _____ Home Phone: _____

Cell: _____ Email: _____

Family Physician: _____ Contact #: _____

Medical Conditions: _____

Medications/Instructions for Administration of Meds/Emergency Procedures/Any general Advice:

Advice and strategies for campers with Special Needs, Behavioural or Learning Challenges:

****Ray's Reptiles Policies & Participation Waiver ****

Any child participating in Ray's Reptiles programming and is in need of medications, must be able to administer the medication themselves (injections/inhalers/swallowing pills) Ray's Reptiles will aid/supervise in the dispensing/measuring of the necessary medications per the specific instructions outlined above.

You certify that your child is physically able to participate in all Ray's Reptiles activities. Ray's Reptiles assumes no responsibility for injuries or losses caused by situations or inappropriate behavior beyond our control.

In the event of an accident or illness affecting my child, Ray's Reptiles and any hospital/physician has my permission to authorize on my behalf all procedures, including transporting to hospital and necessary treatment therein, that may be deemed necessary for the care and wellbeing of said child. Such action is to be undertaken only when I cannot be contacted.

Please sign below to certify that your child is physically able to participate in all Ray's Reptiles activities.

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

I acknowledge that Little Ray's and its representatives are not responsible for any injury, medical complications from any predisposed medical conditions, loss or damage of any kind sustained by any person while participating in the Little Ray's Camp Program. I will hold harmless and indemnify Little Ray's and its representatives from any liability as well as any claims arising from the damage to the property of, or injury to, my child or any third party resulting from participation in the Little Ray's Camp Program.

There is an element of risk inherent in participating in the interactive, hands on animal experiences. We at Little Ray's do take every precaution to ensure the safety of our campers and staff. It is important for registered children and their parents to understand that if used improperly, and/or without instructor supervision, certain equipment and materials can be dangerous.

Please note that there will be a one chance warning for children with physical misconduct. After one warning, if the misconduct continues the child will be removed from the program. Little Ray's has the final say as to the severity of the physical misconduct.

Little Ray's assumes no responsibility for injuries or losses caused by situations or inappropriate behavior beyond our control. My child has permission to attend and participate in the Little Ray's Camp program. I understand that failure to abide by the policies and guidelines as outlined by my child's instructors may result in the cancellation of this agreement, with only a partial refund.

Further, I understand that damage to animals/equipment and/or the facility due to reckless acts and/or deliberate indifference by my child may be my financial responsibility.

I hereby authorize Little Ray's to take photographs of my child named in this application, during program activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with Little Ray's Programs.

I understand that this is a legal agreement. I have read and understood all of the terms of this agreement, and by signing this agreement voluntarily, I am agreeing to abide by its terms, and if applicable agree that the above instructions for care and/or medication have been clearly explained.

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

Junior Zoo Keeper Camp Swim Waiver

This form will give your child consent to participate in the swimming portion of camp. One form must be filled out for each child. Please fill out appropriately and provide your signature.

Little Ray's Junior Zoo Keepers will swim on Thursday afternoon (weather permitting) at the Commons pool in the Halifax Common, next to the Museum of Natural History. The pool is an in-ground pool, 4' deep at the deep end. There is absolutely no diving permitted at the pool. Please note this not a large pool. The pool is the equivalent of a large backyard pool on a personal property. The pool is maintained daily by the HRM and there will be a certified lifeguard on duty any time Zoo Camp Campers are at the pool.

No, (Child's Name) _____
may **not** participate in swimming while at Little Ray's Reptile Zoo Junior Zoo Keeper Camp.

Yes, (Child's Name) _____
may participate in swimming while at Little Ray's Reptile Zoo Junior Zoo Keeper Camp.

Child's swim lesson level: _____

Does your child use flotation devices? Yes / No

If yes, what flotation device will your child have? _____

Signature of Legal Guardian: _____ Date: _____

Office use only – PLEASE DO NOT WRITE IN THIS SPACE			
Total cost			Forms received
Deposit/amt owing			Medical/other concerns
Paid Full			Contacted
Before/After care			Received income tax receipt