



# **INDIVIDUAL ZOO CAMP SCHOLARSHIP**

## **SUMMER ZOO CAMP 2018**

APPLICATION AND GUIDELINES

**APPLICATION DEADLINE**

**March 2, 2018**

## 2018 SCHOLARSHIP GUIDELINES

Thank you for your interest in The Los Angeles Zoo's Summer Zoo Camp Scholarship Program! Zoo Camp is for children **ENTERING** Pre-K (child must be 4 at time of camp) thru 6<sup>th</sup> grade in the fall. Scholarship allocations are contingent upon the availability of funds and the level of need (need is determined based on State Income Limits for 2017). We require that you meet the financial guidelines (specific ways to meet the qualifying financial guidelines are stated in the application), mail the letter of request and the completed application (**pages 3-6**) to the address below. Scholarship space is available for one week of camp only. If you require extended care, you are responsible for the additional fees (\$9/day for AM and \$15/day for PM extended care). In addition, you would also be responsible for any fees incurred as a result of late drop off or early pick-up (\$10/day) or late pick-up (\$1/minute after 3:15 p.m. for regular pick-up and 5:30 p.m. for extended care pick-up). You will be notified by email of acceptance so please provide an updated and valid email address on the application. All completed scholarship applications (**pages 3-6**) with qualifying financial document, and letter of request must be received by **MARCH 2, 2018**. A lottery drawing for all qualified applicants will be held the week of **March 5, 2018**. We will notify **ALL** applicants the week of **March 12, 2018** with the results.

The primary intent of the Zoo Camp Scholarship program is to minimize the financial barriers and enable children with few or no resources to participate in our Summer Zoo Camp program. The basis for the lottery drawing is to ensure equal opportunity for all qualified applicants to receive a Zoo Camp scholarship award. Please note that submission of an application (**pages 3-6**), letter of request and qualifying financial document does not ensure acceptance.

If you are applying for a scholarship for more than one child, please provide a completed application (**pages 3-6**) for each child; but only ONE qualifying financial document, and ONE letter of request. They may be mailed together in one envelope.

Mail the completed application(s) (**pages 3-6**), qualifying financial document, and letter of request to:

Los Angeles Zoo  
Education Division - Summer Zoo Camp Scholarship  
5333 Zoo Drive  
Los Angeles, CA 90027

Application packets can also be dropped off in-person to our Reservations office (Monday-Friday) or to Window 11 on the weekends. Please make sure that the envelope is clearly marked Summer Zoo Camp Scholarship Application.

**Electronic signatures and initials are not accepted. Be sure to sign and initial all highlighted fields.**

**Only original applications will be accepted.**

If you have additional questions after reviewing the application, please email

**[lazoo.education@lacity.org](mailto:lazoo.education@lacity.org)**

**Los Angeles Zoo  
2018 Summer Zoo Camp Scholarship Program  
5333 Zoo Drive, Los Angeles, CA 90027**

**I. REGISTRATION INFORMATION**

Child's Name: \_\_\_\_\_  MALE  FEMALE Date of Birth: \_\_\_\_\_  
T-shirt size: Child SM, MED, LG, XL or Adult MED, LG, XL Grade as of 9/1/18: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Legal Custody:  YES or  NO  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**II. PICK UP AUTHORIZATION INFORMATION**

We will not release children to anyone not specifically listed on this authorization without written permission from the parent/legal guardian. If parent is not available, please list any other adults authorized to pick up child from Zoo Camp. Photo ID will be required each day.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only:**  
Receipt of the following:  
Completed Application (pgs 3-6) \_\_\_\_\_ Financial Documentation \_\_\_\_\_ Letter of Support \_\_\_\_\_  
Approval from Scholarship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Assigned Lottery Number \_\_\_\_\_ Awarded Scholarship \_\_\_\_\_ Notified of Scholarship Award \_\_\_\_\_  
Registered ZC Week \_\_\_\_\_ Camp Group \_\_\_\_\_ Camp Title \_\_\_\_\_  
Confirmation #: \_\_\_\_\_ Value \_\_\_\_\_

**III. FINANCIAL INFORMATION**

(Please check the BOX that applies – provide the appropriate qualifying financial document for BOX that you check)

Child qualifies for the free or reduced school lunch program (Please provide copy of approved **2017-2018** free or reduced lunch letter – this document/letter **MUST** show the child applicant’s name and that they have been approved for the free or reduced lunch program at their school)

**OR**

Low Income (Please provide proof of income – a **2016 or 2017 tax return document** showing the adjusted gross income and the number of persons in the household – please black-out social security numbers)

**\*These are the ONLY two documents that we will accept as proof of FINANCIAL NEED.**

**IV. LETTER OF REQUEST**

Please explain why you are asking for financial assistance for the Summer Zoo Camp program. Include the number of family members in the household who receive financial support, the number of children in college or private schools, special circumstances, such as high medical bills or unemployment, and any other pertinent information. This information will be kept confidential.

**V. CAMP LOGISTICS AND FEE ACKNOWLEDGMENT**

\_\_\_\_\_ Child’s Name \_\_\_\_\_ Grade as of 9/1/18

Select the week of camp you would be interested in (1st choice **AND** 2nd choice). If your child is chosen to receive a scholarship we will register them in an age-appropriate camp offered during either your 1st **OR** your 2nd choice. Due to the popularity of this program we are unable to accommodate special requests for specific camps.

**Camp Date Choice #1**

6/11-6/15	6/18-6/22	6/25-6/29	7/2-7/6	
7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10

**Camp Date Choice #2**

6/11-6/15	6/18-6/22	6/25-6/29	7/2-7/6	
7/9-7/13	7/16-7/20	7/23-7/27	7/30-8/3	8/6-8/10

**EXTENDED CARE FEES**

Extended care before and after camp is available for all campers. The fees associated with this part of the program ARE NOT included as part of the Zoo Camp scholarship award. Below are the times that the extended care program is available as well as the daily cost. If your child is awarded a Zoo Camp scholarship and you are in need of extended care please contact the Reservations office once you receive your confirmation packet.

AM Ext. Care (7:30-9:00) = \$9.00/day      I understand that extended care fees are an extra cost \_\_\_\_\_  
 PM Ext. Care (3:00-5:30) = \$15.00/day      **Initial Here**

**MISCELLANEOUS FEES**

Dropping off a camper after 9:15 a.m. or picking them up before 2:50 p.m. is a \$10.00/day charge. The late pick-up fee is \$1.00/minute beginning at 3:15 p.m. for regular pick-up and after 5:30 p.m. for extended care pick-up. These fees ARE NOT covered by the Zoo Camp scholarship award.

I understand that fees incurred as described above are an extra cost \_\_\_\_\_  
**Initial Here**

**City of Los Angeles Department of the Zoo**  
**WAIVER AND RELEASE FORM**

In consideration of the City of Los Angeles, acting through its Department of the Zoo at the **Los Angeles Zoo** granting the below-named child ("Minor") the opportunity to participate in the **Summer Zoo Camp Program**.

I, (print parent/guardian's name) \_\_\_\_\_ the undersigned, as the parent/guardian of

(print child's name) \_\_\_\_\_ ("the Minor"), do hereby agree as follows"

**I am aware that there are certain risks of injury and/or damage inherent to the Program's activities;**

**I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the camp staff;

**I agree to disclose pertinent health history** including overall physical, mental, and emotional health status. Under certain medical conditions, I understand that some Zoo Camps may require written authorization based on a physical examination by a licensed medical person as a requirement of the Minor to participate in the program. To the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity not under the influence of any medication or other substance that might hinder his/her safe participation in the program;

**I will instruct the Minor to abide by all safety regulations** and to take reasonable precautions to minimize risk of injury or damage arising from participation in the program;

**I give my consent to have the Minor participate in all aspects of the program** and knowingly assume full responsibility for all risks of bodily injury, death, or property damage which Minor may sustain as a result;

**I give my consent to have the Minor transported** by walking, car, van, or chartered school bus as a part of the program;

**I understand that the City has no obligation to obtain medical treatment for Minor.** Should it be necessary for Minor to have emergency medical care while participating in the program, I hereby give the City personnel my permission to use their judgment in obtaining medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by my insurance, if applicable, shall be my sole responsibility;

**I agree to keep the Zoo Camp advised if I plan to be out of contact for any period of time during the camp session and to provide contact information;**

**I authorize the City to make, procure, or use photographs,** films, tapes, digital media recordings, or other likenesses of Minor's physical image and/or voice as may be needed for use with program's publicity materials;

**Except for the gross negligence or willful misconduct of the City,** I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies, or employees, and I release, acquit, and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, that result from or are in any way connected with the Minor's participation in the program or related activities;

**I have read this agreement and I understand what it means to my legal rights** and the Minor's participation and by my signature made of my own free will and act;

**I agree to abide by the rules and policies set forth in this registration and waiver release;**

**I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form;

**I agree to be legally bound** by signing this registration and waiver release form and extend this binding to the Minor.

**I hereby give permission** for my child to watch any movies approved and shown by the Los Angeles Zoo Camp program with a rating of G/PG. Please be aware that MOST children's movies, including cartoon movies, are rated PG. If you do not allow your child to watch movies rated G/PG they will be given a separate activity during movie time.

**Important: Parent or Guardians Original Signature Required.**

**Child's Name (please print):** \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of Los Angeles Department of the Zoo
HEALTH HISTORY FORM

Note: Should anything happen to the child that would alter this health history information after this form is returned, and before the arrival at Zoo Camp, please let Zoo Camp staff know immediately.

Child's Name: \_\_\_\_\_

[ ] MALE or [ ] FEMALE Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the child had or currently have any of the following (please check):

- Chicken Pox, Measles, German Measles/Rubella, Rheumatic Fever, Scarlet Fever, Diphtheria, Heart Trouble, Mumps, Sinus Trouble, Tonsillitis, Appendicitis, Asthma, Hay Fever, Frequent Colds, Headaches, Potty Training Difficulties, Fainting, Constipation, Stomach Upset, Skin Rash, Ear Infection, Nosebleeds, Other: \_\_\_\_\_

Provide the month and year of last immunization or booster:

- Tetanus, Diphtheria (DPT), Whooping Cough, Polio, Mumps, Measles, German Measles/Rubella, TB Test, [ ] pos or [ ] neg

Restrictions:

- [ ] I have reviewed the program and activities associated with the Zoo Camp program and feel the Minor can participate without restrictions.
[ ] I have reviewed the program and the activities associated with the Zoo Camp program and feel the Minor can participate with the following restrictions or adaptations: \_\_\_\_\_

Allergies/Other (please specify):

- Bee stings, mosquitoes, wasps, etc. : \_\_\_\_\_
Food (name): \_\_\_\_\_
Medication(s): \_\_\_\_\_
Asthma (or hay fever): \_\_\_\_\_
Other: \_\_\_\_\_

Has the child received medical treatment during the past year? [ ] YES (please fill-in below info) or [ ] NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now? YES or NO

If so, what are the medications (include amount & frequency) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_