



INDIVIDUAL SCHOLARSHIP

SAFARI DAYS 2019

APPLICATION AND GUIDELINES

2019 SCHOLARSHIP GUIDELINES

Thank you for your interest in The Los Angeles Zoo's Zoo Camp: Safari Days Scholarship Program! Safari Days is an all-day outdoor adventure for children Grades Kindergarten - 5th. Scholarship allocations are contingent upon the availability of funds and financial qualification. We require that you meet the financial guidelines (guidelines are stated in the application), and mail the completed application to the address below. Scholarship space is available for one day only. If you require extended care, you are responsible for the additional fees (\$5 for AM and \$5 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 4:15 p.m. for regular pick-up and 5:00 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.

The primary intent of the Zoo Camp: Safari Days Scholarship program is to minimize the financial barriers and enable children with few or no resources to participate in our Zoo Camp: Safari Days program. Scholarships will be awarded on a first come, first served basis to all qualifying applicants. Scholarship applications must be properly filled out and all documents and letters of request must be attached to qualify. All qualifying applications will be accepted until January 30, or until funds are exhausted. The LA Zoo reserves the right to close the application period at any time.

Please note that submission of an application does not ensure acceptance.

If you are applying for a scholarship for more than one child, please provide a completed application for each child, but only ONE qualifying financial document, and ONE letter of request is required. Applications may be mailed together in one envelope.

Mail the completed application(s) to:

Los Angeles Zoo
Education Division - Safari Days 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 Safari Days 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

**Los Angeles Zoo
2019 Zoo Camp: Safari Days
Scholarship Program
5333 Zoo Drive, Los Angeles, CA 90027**

I. REGISTRATION INFORMATION

Child's Name: _____ Gender: _____ Date of Birth: _____ Grade Level: _____

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. Please list any other adults authorized to pick up your child from Zoo Camp: Safari Days, should the parent listed above not be available. 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: _____

Signature of Parent/Guardian: _____ **Print Name:** _____ **Date:** _____

III. PREVIOUS SCHOLARSHIP INFORMATION

Have you applied for a Zoo Camp scholarship for this child during previous years? Yes No

If yes, how many times has this child received a scholarship? _____

| | | |
|--|-------------------------------|-------------------------------------|
| Office use only: | | |
| Receipt of the following: | | |
| Completed Application _____ | Financial Documentation _____ | Letter of Support _____ |
| Approval from Scholarship Coordinator: _____ | | Date: _____ |
| Assigned Number _____ | Awarded Scholarship _____ | Notified of Scholarship Award _____ |
| Awarded Program Date: _____ | | |

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 **2018-2019** 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 **2017 or 2018 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 Zoo Camp: Safari Days 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 _____

Select the Safari Day you would be interested in (1st choice **AND** 2nd choice). If your child is receives a scholarship we will register them during either your 1st **OR** your 2nd choice.

Date Choice #1

Monday January 21, 2019 Monday February 18, 2019 Monday April 1, 2019

Date Choice #2

Monday January 21, 2019 Monday February 18, 2019 Monday April 1, 2019

EXTENDED CARE FEES

Extended care before and after camp is available. The fees associated with this part of the program ARE NOT included as part of the 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 scholarship and you are in need of extended care please contact the Reservations office once you receive your confirmation packet.

AM Ext. Care (8:00-9:00) = \$5.00/day I understand that extended care fees are an extracost _____
 PM Ext. Care (4:00-5:00) = \$5.00/day **Initial Here**

MISCELLANEOUS FEES

Dropping off a camper after 9:15 a.m. or picking them up before 3:50 p.m. is a \$10.00/day charge. The late pick-up fee is \$1.00/minute beginning at 4:15 p.m. for regular pick-up and after 5:00 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 **Zoo Camp: Safari Days 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: Safari Days, please let Zoo Camp staff know immediately.

Child's Name: _____

Gender: _____ Grade Level: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Doctor: _____ Phone: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> German Measles/Rubella | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Potty Training Difficulties | |

Provide the month and year of last immunization or booster:

| | | |
|------------------------|------------------------------|--|
| Tetanus _____ | Mumps _____ | |
| Diphtheria (DPT) _____ | Measles _____ | |
| Whooping Cough _____ | German Measles/Rubella _____ | |
| Polio _____ | TB Test _____ | <input type="checkbox"/> pos or <input type="checkbox"/> 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:** _____