



INDIVIDUAL ZOO CAMP SCHOLARSHIP

SUMMER ZOO CAMP 2019

APPLICATION AND GUIDELINES

APPLICATION DEADLINE

March 8, 2019

2019 SCHOLARSHIP GUIDELINES

Thank you for your interest in The Los Angeles Zoo's Summer Zoo Camp Scholarship Program! Please read through the following questions and answers carefully before submitting an application.

What is Zoo Camp and who is Zoo Camp for?

Zoo Camp is a weeklong day camp offered for nine weeks each summer at the Los Angeles Zoo. Zoo Camp is for children independent of their parents and provides a safe, fun, and nurturing setting where children can focus on making both child and animal friends. Zoo Camp is for children ENTERING Pre-K (child must be 4 at time of camp) thru 6th grade in the fall.

What does a Zoo Camp Scholarship provide?

Scholarships provide full financial coverage for one week of camp and extended care (before and after camp hours).

What does a Zoo Camp Scholarship NOT provide?

Participants must supply their own lunch and snacks each day. Scholarship recipients are 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).

Who is eligible for a Zoo Camp scholarship?

Scholarship eligibility is based on financial need. Financial need can be shown in one of two ways. If your child qualifies for the free or reduced lunch program, you may show a copy of approved 2018-2019 free or reduced lunch letter with your child's name. You can also qualify if your household income is at or below the **Low Income Level** of the California State Income Limits for 2018.

California State Income Limits for 2018: Los Angeles County								
# of Persons in Household	1	2	3	4	5	6	7	8
Extremely Low Income	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,740	\$38,060	\$42,380
Very Low Income	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000
Low Income	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300
Median Income	\$48,500	\$55,450	\$62,350	\$69,300	\$74,850	\$80,400	\$85,950	\$91,500
Moderate Income	\$58,200	\$66,500	\$74,850	\$83,150	\$89,800	\$96,450	\$103,100	\$109,750

Please provide a 2017 or 2018 tax return document showing your adjusted gross income and the number of persons in the household (please black-out social security numbers). For more information about California State Income Limits, visit <http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/inc2k18.pdf>.

How many scholarships will be awarded?

Scholarship allocations are contingent upon the availability of funds and vary each year. When more applications are received than there are scholarships available, a lottery is held to determine scholarship awards.

When are scholarship applications due?

All completed scholarship applications (**pages 4-7**) with qualifying financial document must be received by **MARCH 8, 2019**.

When will scholarships be awarded and how will I be notified?

A lottery drawing for all qualified applicants will be held the week of **March 11, 2018**. We will notify **ALL** applicants the week of **March 18, 2018** with the results. All applicants will be notified via e-mail.

Can I apply for more than one child?

Yes. If you are applying for a scholarship for more than one child, please provide a completed application (**pages 4-7**) for each child; but only ONE qualifying financial document. They may be mailed together in one envelope.

How do I apply for a Zoo Camp scholarship?

Please mail the completed application(s) (**pages 4-7**) and qualifying financial document 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. Applications must be received by the close of business on March 8, 2019.

Electronic signatures and initials not accepted. Please be sure to sign and initial in 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 Summer Zoo Camp Scholarship Program
5333 Zoo Drive, Los Angeles, CA 90027

I. REGISTRATION INFORMATION

Child's Name: _____ Date of Birth: _____

 MALE FEMALE NON-BINARY/THIRD PREFER NOT TO SAY PREFER TO SELF DESCRIBE _____
Grade as of 10/1/19: _____ T-shirt size: CHILD S M L XL or ADULT M L XL

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Legal Custody: YES or NO

Home or Cell Phone: _____ Work 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:

Completed Application (pgs 4-7) _____ Financial Documentation _____

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

These are the only two documents that we will accept as proof of FINANCIAL NEED.

(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

CA State Limit 2018: 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). Visit <http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/inc2k18.pdf> for eligibility details.

IV. CAMP LOGISTICS AND FEE ACKNOWLEDGMENT

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

Camp Date Choice #1

JUNE 24-28 JULY 1-5 JULY 8-12 JULY 15-19 JULY 22-26
 JULY 29-AUGUST 2 AUGUST 5-9 AUGUST 12-16

Camp Date Choice #2

JUNE 24-28 JULY 1-5 JULY 8-12 JULY 15-19 JULY 22-26
 JULY 29-AUGUST 2 AUGUST 5-9 AUGUST 12-16

EXTENDED CARE

Extended Care before and after camp is available for all campers. While Extended Care fees are included in this scholarship, capacity is limited. Please indicate if you expect to need extended care during your week of camp.

AM Extended Care (7:30-9:00)
 PM Extended Care (3:00-5:30)
 I do not require Extended Care

MISCELLANEOUS FEES (These fees ARE NOT covered by the Zoo Camp scholarship award.)

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 5:30 p.m. for extended care pick-up.

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 GUARDIAN'S 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: _____ **Date of Birth:** _____ **Age:** _____

MALE FEMALE NON-BINARY/THIRD PREFER NOT TO SAY PREFER TO SELF DESCRIBE _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

Insurance Provider: _____ **Group/Policy No:** _____

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"/> Positive <input type="checkbox"/> Negative

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? NO or YES (please fill-in below info)

Date: _____ Reason: _____

Is the child taking any medications now? NO or YES

If yes, what are the medications (include amount & frequency) _____

Parent/Guardian Signature: _____ **Date:** _____