

Dear Parents and Guardians:

Thank you for registering for our Junior Zookeepers Program. We are thrilled to be offering this program for the first time ever! The Junior Zookeeper's role will be to work alongside the RREC animal keepers. They will assist in preparing animal diets, creating enrichment for the reptiles, working with our animal ambassadors, and much more! Each week will be a similar experience, but as the junior keepers will learn, every day is a new adventure!

Please fill out the following attached forms and return by June 1st. Forms can be saved as a PDF and emailed to <u>education@riversidereptileseducationcenter.com</u>. Forms can also be printed out and dropped off at RREC or mailed to Riverside Reptiles Education Center, Attn: Summer Programs, 132 South Road, Enfield, CT 06082.

We look forward to seeing all of your smiling faces this summer! If you have any questions or concerns, please contact our Education Department at the email address above or call (860) 207-9335 x13.

Brian Kleinman / Owner Riverside Reptiles Education Center 132 South Road Enfield, CT 06082 (860) 655-7464 / <u>brian@riversidereptileseducationcenter.com</u> www.riversidereptileseducationcenter.com



RIVERSIDE REPTILES EDUCATION CENTER HEALTH FORM

Name of Child:	DOB:								
Address:					Age:				
Check Week(s) of Program Registered for:									
□ 7/10 - 7/14	□ 7/17 - 7/21	□ 7/24 – 7/28	□ 7/31-8/4	□ 8/7 - 8/11	□ 8/14 - 8/18				
Parent/Guardian N	lame(s):								
Home Phone:		Work Phone:		_ Cell Phone:					
Home Phone:		Work Phone:		_ Cell Phone:					
Family Physician: _			Phone #:						
Allergies (food/env	<i>v</i> ironmental):								
EPIPEN R	EPIPEN Required:								
Special Needs/Con	ditions:								

Helpful Information: You know your child best! Is there anything else we should know so our educators can better serve your child while they are in our care.

If RREC staff determine that a medical emergency exists, our policy is to call 911 and then we will call the emergency contacts listed.

To the best of my knowledge, my child is in good physical health and is able to participate in all RREC activities. I understand and give my consent to the medical procedures as described above.

Parent/Guardian Signature:	Date:	



RIVERSIDE REPTILES EDUCATION CENTER PICK-UP AUTHORIZATION FORM & EMERGENCY CONTACTS

READ FIRST - Persons not mentioned on this form will not be permitted to pick up your child – <u>include yourself</u>
Camp staff may require a photo ID at pick-up to confirm authorization.
Persons listed on this form will be contacted in the order listed in case of any emergency.

I, , (Parei						nt/Guardian) give permission			
to the following people to pick up					(Child's Name) from RREC.				
Check Week(s) of Pr	ogram Registered for:								
□ 7/10-7/14	□ 7/17 - 7/21		7/24 – 7/28	□ 7/31-8/4		8/7 - 8/11	□ 8/14 - 8/18		
<u>YOUR</u> Full Name		_	Phone Number			Relationship to Child			
Full Name		_	Phone Number			Relationship to Child			
Full Name		_	Phone Number			Relationship to Child			
Full Name		_	Phone Number	r		Relationship	to Child		

Photo Permission: I give permission for my child to appear in any media coverage approved by RREC: 🛛 YES 🗍 NO

For Office Use Only

MONDAY TUESDAY		DAY	WEDNESDAY		THURSDAY		FRIDAY		

RREC ANIMAL HANDLING/TOUCHING PROTOCALS

RREC ANIMAL HANDLING/TOUCHING PROTOCALS FOR SUMMER PROGRAMS:

Live amphibians, reptiles, and invertebrates used for RREC Summer Programs have been vetted by our Lead Animal Keeper and approved for touching/handling by the public. All animal touching/handling is supervised by trained staff.

RELEASE OF LIABILITY:

I, ______, understand that handling live amphibians, reptiles, and invertebrates has risks which may result in injury.

I understand and agree that Riverside Reptiles Education Center, LLC may not be held liable or responsible in any way for any injury, as a result of my child's participation in touching and/or handling amphibians, reptiles, and invertebrates.

Parent/Guardian Signature (on behalf of applicant)

Date