



# North Georgia Zoo- A Zoo to You-Wildlife Wonders

Bringing People & Animals Together. Caring. Connecting. Conserving.

**Mailing:**

P.O Box 2237  
Cleveland, GA 30528

**Phone:** 706-348-7279

**Email:** info@wildlifewonders.org

**Online:** www.myfavoritezoo.com

**Location:** 2912 Paradise Valley Rd. Cleveland, GA 30528

## Winter Camp

Please fill out completely and send to PO Box 2237, Cleveland GA 30528.

Or Email to [info@wildlifewonders.org](mailto:info@wildlifewonders.org). A deposit is required, please fill out credit card info area. Checks can be made out to Wildlife Wonders.

### Camper Information

Campers Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Age while at Camp: \_\_\_\_\_ Grade during upcoming School Year \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Gender: **M F**

### Parent/Guardian Information

Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Camper Cost

Plus 7% Tax

Half day Camp: \$50 a day

Full Day Camp: \$85 a day

Overnight Option: \$200

**Overnight cost includes all meals**

### Dates:

January 19<sup>th</sup> & 20<sup>th</sup>

9a-5p Full Day

9a-1p- Half Day

### Add-ons (Check box to add)

Camp Ready Bag (\$25)

Lunch Bag (\$5 a day)

### Deposit:

Card # (Visa or MC) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- Unless you purchase \$5 a day lunch bag or choose the overnight option, Lunch is not provided. Please send your camper with a sack lunch. Drinks and Snacks will be available for purchase at gift shop.
- Make sure kids are wearing warm, comfortable cloths & shoes they don't mind getting dirty (pants and closed toes shoes preferred).

**Bad weather:** We recognize that a giant snowflake may fall and we will have to work around that. If weather is concerning, may look at just dropping off kids later or picking up earlier. We can be flexible for sure.



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### Parent/Guardian Authorizations:

This health history is correct and complete according to all prior knowledge. The camper described in the Camp Application and Medical Information has permission to engage in all camp activities except as stated in the restrictions section of this application. In the event that I or the emergency contact person cannot be reached in an emergency, I give permission to the physician that the camp selects to administer treatment, including hospitalization for the person stated below. I hereby give permission to Creation Encounters Camp to provide basic health care, administer prescribed medication, and seek emergency medical treatment.

Camper Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Camper Medical Information

This information must be filled out by a parent or guardian. The intent of this information is to provide Creation Encounters Camp with the background to provide appropriate care. Keep a copy of this form for your personal records. Any changes to this information should be given to the camp prior to arrival in camp. Please provide complete information so that the camp is aware of your camper's individual needs.  
Emergency Contact (Other than Parent)

Name: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Insurance

Is the camper covered by family medical insurance?  Yes  No

Please indicate Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of Front and Back of Insurance card must be attached to this form**

### Health History

Allergies List all known

Describe reaction and treatment

Medication Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## Medication Being Taken

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle.

This person takes NO medication on a regular basis.

This person takes medications as follows:

Med. 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Med. 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Med. 3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific Time \_\_\_\_\_

Reason for Taking \_\_\_\_\_

## Attach additional pages if needed for more medications.

### Restrictions

Please list any dietary restriction:

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Please list any restrictions to activity (What cannot be done or what limitations are necessary)

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Use this space to provide any additional information about the camper in regards to participant's behavior and physical, emotional, or mental health which the camp should be aware.

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Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_