

# Winter ZooCrew at Buttonwood Park Zoo 2023 Scholarship Application and Registration Packet

Thank you for your interest in a Buttonwood Park Zoo Winter ZooCrew scholarship. The objective of the Scholarship program, when available, is to provide children ages 6-10 years old with an opportunity to participate in our Winter ZooCrew program at a reduced cost or no cost to families based on financial need and the child's submission of a request.

The 2023 Winter ZooCrew Scholarship program will provide a limited number of scholarships for our programs for children ages 6-10. A maximum of two (2) children per family may receive a scholarship and ***each child requires his or her own completed Scholarship Application.***

Applicants must be ages 6-10 at the time of the program and have transportation to and from Buttonwood Park Zoo to be considered.

This completed and signed Scholarship Application and Registration Packet can be submitted physically at the address below or sent in electronically by email. Incomplete applications will not be considered.

**Mail To/Drop Off At:**

Buttonwood Park Zoo  
Attn: Sara Van Wormer  
425 Hawthorn St  
New Bedford, MA 02740

**Email To:**

[svanwormer@bpzoo.org](mailto:svanwormer@bpzoo.org)

**Winter ZooCrew Applications are due by TUESDAY, FEBRUARY 14TH.**

Scholarships are awarded on a first come, first served basis and will no longer be available if/when ZooCrew registration has reached capacity.



# Winter ZooCrew Scholarship Application and Registration Packet

## **Application Part 1 (to be completed by parent/guardian)**

Parent/Guardian Name: \_\_\_\_\_

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

Parent Phone: Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

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

Employer(s): \_\_\_\_\_

Total Household Income in 2022: \$ \_\_\_\_\_

How many total dependents (under 18) do you have living at home? \_\_\_\_\_

Drop-off is from 8:45-9 AM each morning & pick-up is 4-4:15 PM. What are your transportation arrangements?

\_\_\_\_\_

Camper's Name: \_\_\_\_\_

Grade (Fall 2022): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F

**Please select any/all days for which you are hoping to receive a scholarship:**

Tuesday, February 21st	<input type="checkbox"/>
Wednesday, February 22nd	<input type="checkbox"/>
Thursday, February 23rd	<input type="checkbox"/>
Friday, February 24th	<input type="checkbox"/>

I hereby attest that the information provided is accurate. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need.

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

\_\_\_\_\_  
Date

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Please explain, in 500 words or less, why you think your child would benefit from Winter ZooCrew at Buttonwood Park Zoo. All information provided will be kept in the strictest confidentiality. Print or type in the space below or in an attached letter

I attest that all information contained in this Part 1 of this application is true and complete to the best of my knowledge, and I understand that all information is kept strictly confidential.

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

\_\_\_\_\_  
Date

# Winter ZooCrew Scholarship Application and Registration Packet

**Application Part 2 (to be completed by child)**

*Application will be considered incomplete if completed by an adult.*

Winter ZooCrew at Buttonwood Park Zoo is an exciting experience for animal lovers! Please share why you are interested in attending this program on your week off from school. Please print in the space below or in an attached letter. You may also submit photos, artwork, or any other supporting evidence for your application **in addition to** your written answer.

I attest that Part 2 of this application was completed by the scholarship candidate and that all information contained in this application is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

# Winter ZooCrew Scholarship Application and Registration Packet

## REGISTRATION PACKET

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information

*In the event of an emergency, we will need to contact the child's primary caregiver. Please provide the following information:*

Child's primary caregiver: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Which should we try first? \_\_\_\_\_

*In the event the primary caregiver cannot be reached, whom should we contact?*

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

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Which should we try first? \_\_\_\_\_

In the event of an emergency do you give the Buttonwood Park Zoo, and its staff, permission to notify the proper authorities and/or accompany your child to the appropriate facilities for treatment?

\_\_\_\_\_ YES \_\_\_\_\_ NO (**PLEASE NOTE:** marking "NO" will disqualify your child from the program)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

# Winter ZooCrew Scholarship Application and Registration Packet

## **Names of Individuals Able to Pick-Up Participants from Program**

- *Spelling of names on this list must match the person's photo ID*
- *Participants will only be released to names which appear on this list*
- *Photo ID must be presented at pick-up the first time an individual picks up a participant and/or at any time a staff member asks to verify the identification of the person picking up a program participant*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

# Winter ZooCrew Scholarship Application and Registration Packet

## General Release Permission Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

In consideration for the services rendered to my above-named child, I specifically release and hold harmless the Buttonwood Park Zoo, its agents, servants, and employees from any and all liability, claims, damages, and causes of action I may now or hereafter have as parent of said minor.

Further, I hereby give permission for my said child to engage in any and all programs and activities at the Buttonwood Park Zoo.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

## Photo/Video Release Form

I hereby give permission for photographs and video to be taken of my child in context with the program to be used by the Buttonwood Park Zoo and Buttonwood Park Zoological Society for publication purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

## Medical Waiver and Authorization

AGREEMENT TO THESE TERMS IS REQUIRED FOR PARTICIPATION

1) **MEDICAL RELEASE:** This Health History is correct and complete as far as I know. I hereby give permission to Buttonwood Park Zoo staff to provide routine healthcare, administer prescribed and over-the-counter medications as described, and seek emergency medical treatment for my child named above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Buttonwood Park Zoo staff to arrange necessary related transportation for my child named above. In case of a medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the medical personnel selected by Buttonwood Park Zoo's designated healthcare staff to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for my child named above, for which charges I shall be responsible and agree to pay.

2) **MEDICATIONS:** Pursuant of Massachusetts state law and Buttonwood Park Zoo's policy, I authorize the "At Program Medications" listed in this packet to be administered by Buttonwood Park Zoo's designated healthcare staff, as directed, to my child for whom it was prescribed. I understand that all medications, prescribed and over the counter, must be in their original containers and be labeled with specific instructions, including the person's name and dosage, and that the pharmacy label must be on all prescribed medications.

As the parent/legal guardian of the participant, have read, understood, and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Winter ZooCrew Scholarship Application and Registration Packet

## Allergy and Medical Form

**Allergies:**  No known allergies

This child is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other

Please list: 1) what the child is allergic to, 2) the reaction seen, 3) how to manage the reaction, and 4) if any medications are brought to the program; if so, you must complete the relevant information on the next page.

**Health History:** *If your child has any special conditions/needs/limitations, please speak with the ZooCrew Director.*

Has/does the participant:	Yes	No		Yes	No
Had a recent injury, illness or infectious disease?			Have motion sickness?		
Have a chronic or recurring illness/condition?			Ever been stung by a bee?		
Had diabetes or problems with blood sugar control?			Ever been treated for Lyme Disease?		
Been hospitalized/surgery within the past 2 years?			Ever been treated for ADD or ADHD?		
Have frequent headaches?			Have frequent stomach aches?		
Ever had a head injury?			Have problems with constipation/diarrhea?		
Had a seizure?			Ever been treated for an eating disorder?		
Wear eyeglasses, contacts or protective eyewear?			Passed out/had chest pain during or after exercise?		
Had fainting or dizziness?			If female and of appropriate age, have problems with periods/menstruation?		
Had asthma/wheezing? Note type and severity below			Have frequent bloody noses?		
Have any skin problems (rashes, severe acne)?			Ever been treated for emotional or behavioral difficulties?		
Had mononucleosis in the past 12 months?			Tested positive for Covid-19?		

Explain any “yes” answers:

**At-Home Medications:**  No medications taken on a routine basis  Yes, medications taken on a routine basis

If yes, please list: 1) the condition and medications taken **at home** (Example: Hay fever-Claritin), and 2) how often this medication is taken.



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## Policy and Instructions for Medication Administration

1. All information on form below must be completed and signed by a legal guardian for medication to be administered to the camper while attending Buttonwood Park ZooCrew.
2. Medications to be refrigerated must be identified when given to the ZooCrew Director.
3. By law, all medications must be in the original container with prescription label in place and legible, including: date of filling, pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, name of the patient, name of prescribing practitioner, name of the prescribed medication, directions for use, and cautionary statements, if any, contained in such prescription or required by law, tablets or capsules, the number in container. **Prescription medication will not be administered if medication(s) are not in their original prescription container.** All over the counter medications for participants must be in the original containers containing the original label, which shall include the directions for use.
4. All medications will be kept in the First Aid Room of Buttonwood Park Zoo unless they must be administered immediately in an emergency.
5. The prescription medications listed below will be the **only** prescription medications administered.
6. ZooCrew Counselors will bring participant to the First Aid Room.
7. **ALL** medications to be given must be noted on the Medication Permission form.

Name of Child: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) to be Given: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

### ADMINISTRATIVE USE ONLY

Accepted by: \_\_\_\_\_ Location of Medication: \_\_\_\_\_ Date Returned to Guardian: \_\_\_\_\_

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### **To Better Serve Your Child**

Please share any information about his/her behavior, physical, emotional, or mental health of which we should be aware. This may include shyness, socialization difficulties, issues with stress, learning style, etc.

Please list any strategies you would like for us to employ to manage the concern(s) listed above and/or to enhance your child's ability to be more successful and happier while with us.

When your child is upset, how do you calm him/her down?