

# Early Childhood Registration Form (Photo copies accepted)

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Are you an Akron Zoo Member?: \_\_\_\_\_

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

Choose one session according to your child's age and your day choice. You can sign up for more than one month.

<b>Child's Name</b>	<b>DOB (MM/DD/YY)</b>	<b>SS or PP</b>	<b>Session</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Payment Amount \_\_\_\_\_

Make checks payable to Akron Zoo.

Charge by: Visa Mastercard Discover Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_ Email Address: \_\_\_\_\_

Mail order form and payment to Akron Zoo, 500 Edgewood Avenue, Akron, OH 44307