

Home School Registration Form

Child's Name: _____ Age _____

Child's Membership #: _____

Allergies or Limitations: _____

Requested Series of Classes: _____

Child's Name: _____ Age _____

Child's Membership #: _____

Allergies or Limitations: _____

Requested Series of Classes: _____

Grown Up's Name: _____

Address: _____

Home Phone and Cell Phone: _____

E-mail Address: _____

Total Fee for Classes: _____

Checks payable to Caldwell Zoo

Mail to: Caldwell Zoo Ed-ZOO-cation, P. O. Box 4785, Tyler, TX 75712