



Alexandria Zoo

Office Use Only	Date Received	Time Received	Initial

Homeschool fees per child per class:
 FOTAZ Member: \$10 Non-Member: \$12

Class Times: 3:30 pm - 5:30 pm

Registration Deadline:
 Homeschool forms must be received no later than the Monday before your chosen class.

PLEASE MAKE CHECKS PAYABLE TO FOTAZ. QUESTIONS? Call 318-441-6818
 Mail to: Alexandria Zoo | Attn: Homeschool | 3016 Masonic Drive | Alexandria, LA

Homeschool (Ages 5 - 18) - ONE CHILD PER FORM PLEASE

Child's name: _____ Age: _____

Parent/Guardian: _____ Email*: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone Daytime: _____ Cell: _____

FOTAZ Member: ____ Yes ____ No If yes, 6-digit member number: _____

Will you be attending class with your child? ____ Yes ____ No (One parent per child may attend each class.)

**Alexandria Zoo does not share your email address with outside parties.*

2017 FALL CLASSES	Class Fee
<input type="checkbox"/> Wednesday, October 11, 2017 AFRICA	\$
<input type="checkbox"/> Wednesday, November 8, 2017 SOUTH AMERICA	\$
<input type="checkbox"/> Wednesday, December 13, 2017 NORTH AMERICA	\$

2018 SPRING CLASSES	Class Fee
<input type="checkbox"/> Wednesday, January 10, 2018 ANIMAL ENGINEERING	\$
<input type="checkbox"/> Wednesday, February 14, 2018 ANIMAL CARE	\$
<input type="checkbox"/> Wednesday, March 18, 2018 LABORATORY BIOLOGIST	\$
<input type="checkbox"/> Wednesday, April 11, 2018 FIELD BIOLOGIST	\$

PAYMENT INFORMATION - MAKE CHECKS PAYABLE TO FOTAZ

Payment Type: ____ Cash ____ Check ____ Credit Card TOTAL ENCLOSED: \$ _____

Check: LA DL # (required) _____ Check # _____

Credit Card (select one): ____ Visa ____ Master Card

Card Number: _____ Expiration: _____

Signature REQUIRED: _____

LIST ALLERGIES OR RESTRICTIONS

I understand that the Zoo may use pictures and/or video of my child taken during Homeschool for promotional and news purposes. Signature of Parent/Guardian: _____ Date: _____