

Classes, Camps, and Clubs Registration Form

Please fill out the following form and return it with payment to the Children's Museum:
2 West 7th Street, Bloomsburg, PA 17815 • 570-389-9206

Parent/Guardian Name: _____

Child Name(s): _____ age _____ age _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Total amount enclosed: \$ _____ (Members ___ Yes ___ No)

Payment is for:

_____ Ready 2 Learn: ages 2-4 (Mondays 9:00 a.m. - 10:00 a.m.) \$60 (\$50 for members)
Dates: September 19 to November 21, 2011

_____ Ready 2 Learn: ages 2-4 (Mondays 10:30 a.m. - 11:30 a.m.) \$60 (\$50 for members)
Dates: September 19 to November 21, 2011

_____ Under 2 Club: ages 9-24 mos. (Tuesdays 9:00 a.m. - 10:00 a.m.) \$60 (\$50 for members)
Dates: September 20 to November 22, 2011

_____ Just 4 Kids Club: ages 4-5 (Wednesdays 9:00 a.m. to 10:00 a.m.) \$60 (\$50 for members)
Dates: September 21 to November 23, 2011

_____ After School Art: ages 6-9 (Wednesdays 4:00 p.m. - 5:30 p.m.) \$100 (\$90 for members)
Dates: September 21 to November 30, 2011 and January to April 2012.
No class November 23. Art Show December 3, 4-6 p.m.

Payment type (Circle One): Cash or Check #: _____ (Checks may be made payable to the Children's Museum.)

You may also call the Museum to pay with credit or debit card over the phone. To send your credit card payment, fill out the information below and mail. A receipt will be mailed to you.

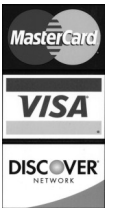
Name on card:

Credit card number:

Security code: _____

Exp. Date: _____ Zip Code: _____

Total amount to be charged: \$ _____



...bringing out the imagination in every child,
and the child in every visitor



The Children's Museum is a participating member of the
Columbia County United Way.

CHILDREN'S MUSEUM EMERGENCY INFORMATION FORM AND AUTHORIZATION

Student's Name: _____

In case of emergency please contact:

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Allergies (including insect stings):

Please answer the following medical questions that would be of concern while your child is attending this program:

Chronic or recurring illnesses: _____

Medications currently taking: _____

PARENT AUTHORIZATION AND WAIVER In consideration of this entry to the program offered by the Children's Museum, I waive all claims which I have or may have against the Children's Museum, Inc., or its agents, for any injury or illness which may result from my child's participation. I further state that my child is in proper physical condition to participate in this program, as certified by a licensed physician, and has my permission to engage in all prescribed activities, except as noted by me or my child's physician. This information/health history is correct as far as I know. In the event that I or a designated emergency contact person cannot be reached for an emergency, I hereby give permission to the physician selected by the instructor to secure proper and necessary medical treatment for my child.

PHOTO RELEASE I give my permission to The Children's Museum, Inc., to use my child's name and/or picture in any paper, broadcast, or telecast without any obligation of anyone to compensation.

Parent/Guardian Signature _____ Date _____

For programs with children 6-14 years of age:

Who will pick the student up? _____

Or

Will the student walk home? YES NO