

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 are 10% off regular price)

Payment is for:

_____ Ready 2 Learn: ages 2-5 (Mondays 9:00 a.m. - 10:00 a.m.) \$6 per week = \$60.00
Dates: Jan. 9 through Mar. 12

_____ Ready 2 Learn: ages 2-5 (Mondays 10:30 a.m. - 11:30 a.m.) \$6 per week = \$60.00
Dates: Jan. 9 through Mar. 12

_____ Under 2 Club: ages 9-24 mos. (Tuesdays 9:00 a.m. - 10:00 a.m.) \$6 per week = \$60.00
Dates: Jan. 10 through Mar. 13

_____ Science Club: ages 6-12 (Tuesdays 4:30 p.m. - 5:30 p.m.) 10 weeks = \$100
Dates: Jan. 17 through Mar. 20. Science Fair is Mar. 16, 4-6 p.m.

_____ After School Art: ages 6-12 (Wednesdays 4:00 p.m. - 5:30 p.m.) 10 weeks = \$100
Dates: Jan. 18 through Mar. 21. Art Show is Mar. 23, 4-6 p.m.

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

For your convenience, you may also pay by credit card through the mail or over the phone.

Name on card:

Credit card number:

Security code: _____

Exp. Date: _____ Zip Code: _____

Total amount to be charged: \$ _____



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

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

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 6-12 years of age:

Who will pick the student up? _____

Or
Will the student walk home? YES NO