

# iMAKE Registration Form Spring 2018



2 West 7th Street, Bloomsburg, PA 17815

570-389-9206

chmuseum@ptd.net

www.the-childrens-museum.org

Child Name: \_\_\_\_\_ age \_\_\_\_\_ (Please fill out separate form for each child)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_

**\$8 per class or \$60 for a 10 class punch card**  
The punch card is valid for **2 consecutive seasons**.  
A completed registration form and payment are required to reserve a class.  
Walk-in are first-come-first-served.  
No refunds will be given for missed classes.

## iMAKE Art & Science Class Series.

### ART - Thursday 4:30-5:30

- \_\_\_\_\_ February 1st: **Beauty Meets Beast:** Collage Faces
- \_\_\_\_\_ February 15: **Tie Die Ceramic Coasters**
- \_\_\_\_\_ March 1st: **Nature Wall Hangings**
- \_\_\_\_\_ March 15th: **String Art:** String'em, Lov'em. Hang'em
- \_\_\_\_\_ March 29th: **Smash Painting:** Eggcellent Art
- \_\_\_\_\_ April 12th: **Treasure Boxes**

### SCIENCE - Thursday 4:30-5:30

- \_\_\_\_\_ February 8th: **Rubber band Marble Maze:** Learn some basic tool skills
- \_\_\_\_\_ February 22nd: **Mini Robots:** make a robot and learn to solder
- \_\_\_\_\_ March 8th: **Grow Your Own Crystal Garden**
- \_\_\_\_\_ March 22nd: **Hydrographics:** Learn about density and solubility.
- \_\_\_\_\_ April 5th: **Cobra Weave:** Potential energy and kinetic explosion.
- \_\_\_\_\_ April 19th: **DIY Lava Lamps:** Groovy Chemistry!

**Sibling Policy:**  
**All children must be officially enrolled in order to attend classes. No exceptions, please.**

Payment type (Circle One): Cash or Check #: \_\_\_\_\_

(Checks may be made payable to the Children's Museum. You may also pay by credit card.)



The Children's Museum is a participating member of the  
Columbia County United Way and Berwick Area 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