

# DIY Gift Workshop Series



2 West 7th Street, Bloomsburg, PA 17815

570-389-9206

chmuseum@ptd.net

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 \_\_\_\_\_

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.

## DIY Gift Workshop Series

(workshop cost does not include museum admission)

\_\_\_\_\_ **Saturday, February 9<sup>th</sup>, Tapioca Root Flowers 2:00-3:00pm**

All ages welcome ; \$25 Per student

\_\_\_\_\_ **Saturday, February 23<sup>rd</sup>, Goat Cheese 11:00-Noon**

All ages welcome ; \$10 Per student

\_\_\_\_\_ **Saturday, March 9<sup>th</sup>, Gnocchi Pasta 1:00-3:00pm**

Ages 6-10 must attend with an adult, ages 11+, no adult required  
\$12 per student

\_\_\_\_\_ **Saturday, April 27<sup>th</sup>, Fused Glass Pendants 11:00-Noon**

Ages 6 +, teens & adults welcomed!; \$25 Per student

**CANCELLATION POLICY:** If you cancel at least one week before the first day of class, you will receive a full refund, minus the processing fees. If you cancel less than one week prior to the first day of class, you will receive a 50% refund. No refund will be given if you cancel after classes have begun.

**PAYMENT IS REQUIRED TO COMPLETE REGISTRATION.**

### **Sibling Policy:**

**Babies in arms are allowed in the classroom as long as they do not disrupt instruction.**

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