

# Classes and Clubs : Spring 2019 Registration Form



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 SECURE A SEAT IN CLASSES AND CLUBS.**

**WAIT LIST/NO SHOW POLICY:**

If a student is more than 10 minutes late to a class, without notifying the museum by phone (570-389-9206), their class spot will be filled and no refund will be issued. If there is a wait list for that class their spot will be filled by a wait listed student.

Students on the wait list are asked to be at the museum (or site of the class) 10 minutes before the start of that class.

\_\_\_\_\_ **National History Day Team:** 4:30-5:30pm January 10th and 24th, February 14th and 28th, March 14th, Regional competition March 23rd. FREE. Open to Grades 6th-12th

\_\_\_\_\_ **Paint Lab- Oil Painting 101:** Saturday, February 2nd 11:00-Noon \$6 material fee plus museum admission. Ages 6+.

\_\_\_\_\_ **Paint Lab- Printmaking 101:** Saturday, March 23rd 11:00-Noon \$6 material fee plus museum admission. Ages 6+.

\_\_\_\_\_ **Paint Lab- Sculpture 101:** Saturday, April 20th 11:00-Noon \$6 material fee plus museum admission. Ages 6+.

\_\_\_\_\_ **Explorer Club:** Every third Tuesday, Dec. 2018-Dec. 2019 from 4:30-5:30 p.m., (No Meetings July & Aug.). \$140/ student for the year. Ages 10-18 years old

\_\_\_\_\_ **Girls Who Code:** 1st & 3rd Thursday 4:30-5:30 pm Oct. 2018-May 2019. FREE. Open to Grades 6th-12th.

\_\_\_\_\_ **Little Sprouts Tumble & Move:** Every other Thursday February-March 10:15-10:45am. \$28 per family (in same household). Ages 0-6.

\_\_\_\_\_ **Teen Film Workshop with Box of Light:** February 6th-8th 6:00-8:00pm. \$65 per student. Ages 13-18. This class is held at Box of Light Studio.

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

**CANCELLATION POLICY:** No refund will be given if you cancel.

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