

# Classes and Clubs : Summer 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.

\_\_\_\_\_ **Painting & Drawing Camp I:** June 24th to June 28th; 10am-1pm, Ages 6-12, \$70 per child.

\_\_\_\_\_ **Painting & Drawing Camp II:** July 29th to Aug. 2nd; 10am-1pm .Ages 6-12, \$70 per child.

\_\_\_\_\_ **Superhero Art Camp:** July 8th to July 12; 10 am– 1 pm. Ages 6-12, \$70 per child.

\_\_\_\_\_ **Maker Camp :** July 15th to July 19th; 10 am– 1 pm. Ages 6-13 \$70 per child.

\_\_\_\_\_ **American Girl Camp:** July 22 to July 26th, 10 am—1 pm. Ages 6-12 \$70 per child.

\_\_\_\_\_ **Music and Movement Around the World-Camp A:** August 6th - 9th. Camp A: 10-11 Ages 3-5, \$50 per child.

\_\_\_\_\_ **Music and Movement Around the World-Camp B:** August 6th - 9th. Camp B: 10:15-11:15 Ages 3-5, \$50 per child.

\_\_\_\_\_ **Adobe Special Effects Teen Camp:** August 6th to August 9th. 2-3:30 p.m. Ages 13 +, \$110 per child.

**Sibling Policy:** An adult is required to chaperone each preschool camper. Only registered campers are allowed in the camp. Infants, toddlers and older siblings may not come to camp. Childcare with an additional adult must be arranged for infants, toddlers, and older siblings that would like to visit the museum.

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

Payment type (Circle One): Cash / CC 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