

Summer Programs 2019



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.

_____ **Owl Pellet Dissection Lab: May 18th 10am-11am**— Ages 6+;
\$12 (includes material fee and museum admission)

_____ **Leather Tooling Workshop: June 15th 11am-noon**— Ages 6+;
\$15 (includes material fee and museum admission)

_____ **Fairy Gardens with Denise Bosworth of Rohrbach's Farm and Market: June 22nd 10am-11am**— All ages; \$15 (includes material fee and museum admission)

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 / 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