

EXPLORERS CAMP

Summer Camp Registration Form



miami children's museum®
play • learn • imagine • create

980 MacArthur Causeway, Miami, FL 33132
miamichildrensmuseum.org

Please email completed registration form(s) to yanet@miamichildrensmuseum.org or return to Miami Children's Museum, Monday-Friday between 9:00 a.m. - 3:00 p.m. You will receive an email confirmation when your registration is received. Please do not email or drop off forms on Saturday or Sunday. If you have any questions or concerns, contact yanet@miamichildrensmuseum.org.

CHILD'S NAME: _____ DATE OF BIRTH: _____
FIRST MIDDLE LAST

SCHOOL CURRENTLY ATTENDING: _____ HOW DID YOU HEAR ABOUT US? _____

CHILD'S AGE: 4 5 6 7 8 9 10

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Join us for one or multiple weeks!

Camp Hours 9:00 a.m. - 3:00 p.m.

- Week 1** June 14 - 18
Summer Kickoff in the Caribbean
 - Week 2** June 21 - 25
Andean Innovation
 - Week 3** June 28 - July 2
The Stars of New Zealand
 - Week 4** July 5 - 9
Scamper in the Sahara
 - Week 5** July 12 - 16
Escape to India
 - Week 6** July 19 - 23
Seeking Sweden
 - Week 7** July 26 - 30
Origins of the Olympics
 - Week 8** August 2 - 6
Trip to Tokyo
 - Week 9** August 9 - 13
Sounds of South Africa
- Total # of Weeks:** _____

Cancellations:

Cancellations will not be refunded. If cancellation occurs two weeks prior to the start date of camp, payment will be converted to MCM BUCKS. Good for one year. **PLEASE NOTE:** Space will be held upon receipt of paid registration only.

Camp Cost: \$300 / week or \$2,700 for all sessions (non-Members)
\$270 / week or \$2,430 for all sessions (for Members)

Pre-registration includes an official camp shirt! Please circle a size: XS S M L XL

Add a Family Membership (Cost: \$150) *Members and Siblings receive 10% off.*

Extended Care:

Before Care (8:00 a.m. - 9:00 a.m.)

Total # of Before Care weeks: _____

Cost: \$25 / week

Total: _____

After Care (3:00 p.m. - 6:00 p.m.)

Total # of After Care weeks: _____

Cost: \$60 / week

Total: _____

No day-of-camp / walk in's permitted!

Grand Total Amount Due: _____

Method of Payment (check one):

Credit Card MasterCard Visa American Express Discover

Card Number: _____

Exp. Date: _____ Security Code: _____

Print Card Holder's Name: _____

Card Holder's Signature: _____

**Personal checks are not accepted.*

Late Policy:

Hours of operation for the Museum are 10:00 a.m. to 6:00 p.m. A late pick-up charge of \$1.00 per minute will apply after 6:00 p.m., due at time of pick up. If you have any questions or concerns, please call 305.373.5437 ext. 104.

I, _____, have read and understood this late payment policy.

Signature _____ Date _____

Please complete contact form on back.



Emergency Information

Emergency Contacts (at least 2 people):

Person 1: _____ Relationship: _____ Phone : _____

Person 2: _____ Relationship: _____ Phone : _____

List child's medical conditions and/or allergies:

Primary Physician's Name: _____ Phone: _____

In the event of a medical emergency, MCM staff will contact emergency medical personnel. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Requests to alter this policy must be made in writing to the manager of camp. Emergency Medical personnel will not honor requests to bring children to specific hospitals, doctors, or medical establishments.

Camp Policies

Clearly print all people authorized to pick up your child (**please include yourself**). MCM staff will not allow anyone not listed to pick up your child. (A valid photo ID must be shown to Security Guard.)

Please read and initial:

— Potty Trained

Children must be potty trained.

— Behavior Expectations

In an effort to provide all campers with a safe and fun-filled camp experience, all campers must exhibit proper behavior and self-control. Inappropriate, disruptive and/or violent behavior while at camp will not be tolerated. MCM reserves the right, upon notification of parents, to dismiss any child for improper conduct.

— Lunch and Snack

I will provide lunch and two snacks for my child in a clearly labled container. Please don't send food that requires refrigeration or microwaving.

— Masks

Children must wear CDC recommended face masks at all times to help slow the spread of COVID-19.

— Medication

If my child requires any prescription or over the counter medication during camp hours, I will fill out a *Camper Medication Form*. I will send only those medications that are absolutely necessary (including Epi-pens). Required medication must be placed in a Ziploc bag and properly labeled with the child's name.

— Personal Items

I understand that the Museum cannot be held responsible for the loss, destruction or theft of any personal items. Please leave toys, games and electronic devices at home.

— Media Release

I authorize Miami Children's Museum to photograph and video tape my child for publicity purposes. Materials will not be sold or loaned.

— Special Concerns

I will inform camp management about any special concerns I have about my child so that MCM staff may provide him/her the best and safest camp experience.

I have read and understand the above camp policies and procedures.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____