

# REGISTRATION FORM

- Fax registration(s) to 305.373.KID1 (5431) or contact 305.373.KIDS (5437) ext. 112
- Email yanet@miamichildrensmuseum.org
- Return to Miami Children's Museum, Monday - Friday between 9:00 a.m. - 6:00 p.m.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School currently attending: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Child's Age     4     5     6     7     8     9     10

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Camp Hours Are:

9:00am to 3:00pm  
Monday, March 26-  
Friday, March 30

**Cost:** \$198 for members / \$220 for non-members

Add a Family Membership    Cost: \$150    Members & Siblings receive 10% off

### Extended Care

Before Care - 8:00 a.m. - 9:00 a.m.     After Care - 3:00 p.m. - 6:00 p.m.

Cost: \$25 for 5 days

Cost: \$60 for 5 days

Total: \_\_\_\_\_

Total: \_\_\_\_\_

\$20 Walk In Fee    An additional walk in fee will apply per child for day of camp registration.

**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 \_\_\_\_\_

### 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 \_\_\_\_\_

### 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.

**Please complete contact form on back.**

# Emergency Information

Emergency Contacts (at least 2 people):

Person 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Person 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Campers will be handling and tasting a variety of ingredients as part of Camp's "Global Cooking Class."

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 MAKE SURE TO LIST 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. We understand accidents happen, but following repeated incidents MCM will notify parents and recommend the child transfer to our Early Childhood Institute Camp.

#### \_\_\_ 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 snacks for my child. Two options:

1) Pack lunch and two snacks in a clearly labeled container. Please don't send food that requires refrigeration or microwaving.

2) Order lunch and snacks from Subway daily at the time of child drop off. Camp staff cannot take Subway orders or payments.

#### \_\_\_ 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/ videotape 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: \_\_\_\_\_