

Educator Programs

Teachers/Parents/High School Students/College Students



1. Your Information

Name _____

Are you a Chicago Public School? Yes No

School or Organization _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Evening Phone _____ Best time to call _____

Fax Number _____ Email _____ (required for confirmation)

2. Your Workshop or Visit

A. Professional Development Workshops

Preference	Workshop	Number of Participants	Duration
_____	Play and Learning: Exploring the Connection	10-30	2 hours
_____	Using Documentation to Communicate Learning	10-30	2 hours
_____	(Re) Creating Spaces: Innovative Ways to Enrich Your Learning Environment	10-30	2 hours
_____	The Journey of Art Sustaining Creativity Through Open-Ended Activities	10-30	2 hours
_____	Now You're Talking! The story of how children acquire language	10-30	2 hours
_____	Inspiring a Love of Books	10-30	2 hours
_____	Wonders of Science (geared for Early Childhood educators)	10-30	2 hours
_____	Let's Play with Math! (geared for Early Childhood educators)	10-30	2 hours

Where would you like the workshop? _____ At my site _____ At CCM

Calculate Your Fees

Number of participants _____ x \$20.00 = _____

Travel fee (only applies to workshops at your site) \$50.00 = _____

Total _____

B. Self-Guided and Guided Visits

Type of Visit	Describe Your Group (teachers, students, etc.)
____ Self-Guided	_____
____ Guided	_____

Calculate Your Fees

Self-Guided Visit _____ participants x \$2.50 = _____
Guided Visit _____ participants x \$5.00 = _____
Total = _____

3. Indicate your top three preferences for date and time.

1. _____ 2. _____ 3. _____

4. Additional Information

Let us know if any of your participants require specific accommodations, and describe these needs in detail.

5. Choose your method of payment

We cannot reserve your date without a check, money order or credit card. If you are registering via phone or Internet, you must pay or hold your reservation with a credit card.

Check or money order payable to Chicago Children's Museum
Please mail your form if you choose to pay with a check or money order.

Charge my credit card

Hold with a credit card
Card will not be charged; payment may be made on day of program.

Please mail to:
Chicago Children's Museum
700 E. Grand Avenue
Chicago, IL 60611
Attn: Educator Programs

Please direct any questions regarding your workshop to 312.464.7743.

Name _____ Signature _____

Card # _____ Expiration Date _____