

Facilitated Workshops at Chicago Children's Museum

1. Your Information (please complete a separate form for each participating class)

Teacher's Name _____

School _____

Are you a Chicago Public School? _____ Yes _____ No

Grade Level _____ Classroom# _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Evening Phone _____ Best time to call _____

Fax Number _____ Email _____

Would you like to be added to our mailing list to receive Educator Extras, a monthly e-newsletter for educators?
___Y ___N

2. Your Visit

Early Learning Workshops: Your visit time is from 10am to 12:15pm, including a 1 hour workshop and museum exploration.

| Preference | Program | Grade Level |
|------------|-----------------------------|---------------|
| _____ | Art About Me (in My Museum) | Age 3 – K |
| _____ | Arts in Action | Age 3 – K |
| _____ | Be A Bee | Age 3 – K |
| _____ | Story Forest | Age 3 – K |
| _____ | Dinosaur Tales | Age 3 – Pre-K |

School Age Workshops: Your visit time is from 10am to 12:15pm, including a 90 minute workshop and museum exploration.

| | | |
|-------|----------------------|--------------|
| _____ | Dinosaur Expedition | K – Grade 5 |
| _____ | Forts | Grades 1 – 4 |
| _____ | Insect Investigators | Grades 1 – 2 |
| _____ | Inside/Out Art | Grades 1 – 5 |
| _____ | Inventing Lab! | Grades 2 – 5 |
| _____ | Secrets of Painting | Grades 1 – 5 |
| _____ | Simple Machines | Grades 2 – 5 |
| _____ | Skyline | Grades 1 – 5 |
| _____ | WaterWays | Grades 1 – 5 |

3. When are you coming?

List five dates in order of preference.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

4. Additional Information

Let us know if any members of your group have specific accommodations, or if their primary language is not English. Please describe in detail.

5. Calculate Your Fees

Minimum students: 15 per workshop

Maximum students: 20 for pre-K, 35 for K – Grade 5

of students _____ x \$5.50 = _____ Workshop plus museum exploration

Required adults* _____ FREE = _____ *1 adult for every 5 children

of extra adults _____ x \$4.50 = _____

Promotion Code _____ - \$20.00 = _____ Use the promotion code to receive \$20 off when you book a field trip between October 1 and December 31.

Total = _____

6. Choose a Payment Option

We cannot reserve your date without a check or credit card. If you are registering via phone or Internet, you must pay or hold your reservation with a credit card. If you are a CPS Headstart program, please call 312-464-8249 to register by phone.

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

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

Please direct any questions regarding your workshop to 312-464-8249.

All reservations must be paid in full 14 business days prior to the visit date or your trip may be cancelled.

Name _____ Signature _____

Card # _____ Expiration Date _____

This form MUST be signed and dated below to complete registration. Failure to do so will prok registration process.

The Teacher/Educator agrees to the following guidelines:

Please arrive and depart promptly. If you are late, you cannot extend your time in the museum. If you must cancel this reservation, please do so at least 14 days in advance. If you cancel fewer than 14 days in advance, no refunds will be issued, and you will be accountable for any balance due. **CCM must receive full payment 14 days prior to your visit.** All reservations must be paid in full 14 business days prior to the visit date or your trip may be cancelled. There are no refunds and no balance due adjustments for absent children or adults.

One chaperone, including the teacher, is required for every 5 children and must remain in the Museum with the children at all times. Chaperones must be at least 16 years old. The required number of adults are admitted at no charge. If you arrive for your visit with students or adults that exceed the number included in the reservation, you will be charged the group admission rate of \$5.50 per extra child or \$4.50 per extra adult.

I have read and understand all of Chicago Children's Museum's guidelines and agree to follow these guidelines accordingly.

Teacher's Signature _____ Date _____