

Self-Guided Visits



1. Your Information

Name _____ Position _____

Name of Field Trip Leader (if different) _____

Are you a Chicago Public School? Yes No

School _____ Grade of Students _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Evening Phone _____ Best time to call _____

Fax Number _____ Email _____ *(required for confirmation)*

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 *(please check your time preference below)*

Monday:

10:30 a.m.-noon

11:30 p.m.-1:00 p.m.

12:30p.m-2:00p.m.

Tuesday-Friday:

11:30 a.m.-1:00 p.m.

12:30 p.m.-2:00 p.m.

3:00 p.m.-4:30 p.m.

Saturday & Sunday:

10:00 a.m.-11:30 a.m.

10:30 a.m.-noon

11:30 a.m.-1:00 p.m.

12:30 p.m.-2:00 p.m.

3:00 p.m.-4:30 p.m.

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 require specific accommodations, or if their primary language is not English. Please describe in detail.

5. Calculate Your Fees

Minimum of 15 and maximum of 140 students per time period

of children _____ x \$3.00 = _____

Required adults _____ FREE *(1 adult for every 5 children)*

of extra adults _____ x \$4.50 = _____

Total = _____

Choose a Payment Option

We cannot reserve your date without a check or credit card.

If you are registering via Internet or phone, 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

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 _____

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 312.464.8249.

This form MUST be signed and dated to complete registration. Failure to do so will prolong 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 reservations, you will be charged the group admission rate of \$3.00 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 them accordingly.

Teacher’s Signature _____ Date _____