

Self-Guided Summer Visit for Age 3–Grade 5



1. Your Information

Your Name _____ Position _____

Organization _____

Are you a Chicago Park District Group? _____ If yes, please note: Park Name: _____

Park Number: _____

Park Region: _____

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

Name of adult in charge of day trip _____ Grade of students _____

Organization _____

Additional Information: Please let us know if any members of your group require specific accommodations, or if their primary language is not English. _____

3. When are you coming?

Time preference: *One choice only.*

10:00am - 12:00pm _____ 10:30am - 12:30pm _____ 11:30am - 1:30pm _____ 1:30pm - 3:30pm _____

List five dates in order of preference: *June – September Only*

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

4. Calculate Your Fees

Number of students: Maximum of 140, minimum of 15 per time slot

Number of Required Adults: 1 adult, age 16+, is required for every 5 children*

of students _____ x \$3.00 = _____

Required adults* _____ FREE = _____

of extra adults _____ x \$4.50 = _____

Total = _____

5. Choose a Payment Option

We cannot reserve your date without a check or 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
*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 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 reservation, you will be charged \$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 these guidelines accordingly.

Signature _____ Date _____

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.