

Field Trips (2 hour)

1. Your Information

Name _____ Position _____

Name of Field Trip Leader (if different) _____

Are you a Chicago Public School? _____ Yes _____ No

If you are a CPS Office of Early Childhood Education Program, please call (312) 464-8249 to register by phone.

School _____ Grade of Students _____

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. Time and Date for Visit

All field trips are 2 hours long. Groups are scheduled to enter the museum every 15 minutes between 10am and 3pm, Monday-Friday. If your requested entrance time is not available, you may be booked into the next 15-minute slot.

	Date of Visit	Preferred Entrance Time
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

3. 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.

4. Calculate Your Fees

Maximum of 100 people (children and required adults)

of children _____ x \$3.00 = _____

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

of extra adults _____ x \$4.50 = _____

Promotion Code _____ -\$20.00 = _____

Total = _____

Use the promotion code to receive \$20 off when

you book a field trip between October 1 and December 31.

5. 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 Office of Early Childhood Education 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 credit card will be charged.

Name _____ Signature _____

Card # _____ Expiration Date _____

Billing Address _____ Billing Zip Code _____

Please mail to:

Chicago Children's Museum
700 E. Grand Avenue
Chicago, IL 60611
Attn: Reservation Services

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.** If payment is not received, your credit card will be charged.

One chaperone 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. There are no refunds and no balance due adjustments for absent children or adults.

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

Teacher's Signature _____ Date _____