

# 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 receive future e-newsletter updates regarding CCM's student and educator workshops?  
 Y  N

## 2. Your Visit (please check your time preference below)

### Tuesday-Friday:

- 11am – 1pm
- 11:30am – 1:30pm
- 1:30pm – 3:30pm

### Saturday & Monday:

- 10am – noon
- 10:30am – 12:30pm
- 11am – 1pm
- 11:30am – 1:30pm
- 1:30 – 3:30pm

## 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 = \_\_\_\_\_

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 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: Student Visits

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 \_\_\_\_\_