

# CCM To Go

## Facilitated Workshops at Your School

You may use one form to schedule up to four sessions of the same workshop in a single day. Please complete a separate form for each workshop title.



### 1. Your Information

Name \_\_\_\_\_

School \_\_\_\_\_

Are you a Chicago Public School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_ (required for confirmation)

### 2. Your Workshop

(please number workshops in order of preference)

Preference Workshop	Grade Level
____ Coaster Challenge	Grades 1-5
____ Dinosaur Detectives	Age 3-Grade 1
____ Fair Play	Grades 2-5
____ Make a Mural	Grades 2-5
____ The Skin You Live In	Age 3-Grade 1
____ smART spaces	Age 3-Grade 1

### 3. When should we visit? List five dates in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Where will we be facilitating the workshop (i.e. classroom, gym or library)? \_\_\_\_\_

*If it is in a classroom, you must be willing to move desks aside.*

#### Session #1

Teacher Name \_\_\_\_\_ Room# \_\_\_\_\_ Grade \_\_\_\_\_ Class size \_\_\_\_\_ Start time \_\_\_\_\_

#### Session #2

Teacher Name \_\_\_\_\_ Room# \_\_\_\_\_ Grade \_\_\_\_\_ Class size \_\_\_\_\_ Start time \_\_\_\_\_

#### Session #3

Teacher Name \_\_\_\_\_ Room# \_\_\_\_\_ Grade \_\_\_\_\_ Class size \_\_\_\_\_ Start time \_\_\_\_\_

#### Session #4

Teacher Name \_\_\_\_\_ Room# \_\_\_\_\_ Grade \_\_\_\_\_ Class size \_\_\_\_\_ Start time \_\_\_\_\_

*We will need at least 15 minutes to prepare before each session.*

### 3. Additional Information

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

---

---

---

---

### 4. Calculate Your Fees

Each workshop is designed for one class of up to 35 students for grades 1-5, or up to 20 students for Pre-K and kindergarten.

First session \_\_\_\_\_ = \$150.00  
# of additional sessions (up to 3) \_\_\_\_\_ x \$125.00 = \_\_\_\_\_  
(up to 3) **Total** = \_\_\_\_\_

### 5. Choose a Payment Option

We cannot reserve your date without a check, credit card or money order. 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.*

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.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

*This form MUST be signed and dated to complete registration. Failure to do so will prolong the registration process.*

The Teacher/Educator agrees to the following guidelines:

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 the workshop(s).** 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.

Five chaperones, including the teacher, are required and must remain in the classroom at all times.

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

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_