

Facilitated Workshops at Chicago Children's Museum

1. Your Information (please complete a separate form for each participating class)

Teacher's Name _____ Grade Level _____ Classroom# _____

Name of Field Trip Leader (if different) _____ Grade of Students _____

School _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Evening Phone _____ Best time to call _____

Fax Number _____ Email (required for confirmation) _____

2. Your Visit (please number workshops in order of preference)

Preference	Program	Grade Level	Days Offered	Notes
	Art About Me	Age 3-Grade 5	T, W, Th, F	
	BIG Backyard	Age 3-Grade 2	T, W, Th, F	
	Dinosaur Expedition	Grades K-5	T, W, Th, F	
	How People Make Things	Grades K-5	M, W	<i>from 1/28-5/11/08</i>
	Inventing Lab	Grades 2-5	M, T, W, Th, F	<i>not avail. Wed. from 1/28-5/11/07</i>
	Partners in Play	Age 3-K	T, W, Th	
	Secrets of Painting	Grades 1-5	M, T, Th, F	
	Skyline	Grades 1-5	T, W, Th, F	<i>after 11/20/07</i>
	WaterWays	Grades 1-5	M, T, W, Th, F	<i>after 11/19/07</i>

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 Students: 15 per workshop

Maximum Students: 20 for pre-K
35 for K–grade 5

of students _____ x \$4.50 = _____
Workshop only

of students _____ x \$5.50 = _____
Workshop plus museum exploration

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

of extra adults _____ x \$4.50 = _____
TOTAL _____

6. Choose a Payment Option

We cannot reserve your date without a check, money order, or credit card. If you are registering via Internet or phone, you must pay or hold your reservation with a 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 _____

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 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 the group admission rate of \$5.50 (\$4.50 if workshop only) 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 _____

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

Please mail completed form to:
Chicago Children's Museum
700 E. Grand Avenue #127
Chicago, IL 60611
Attn: Student Visits

Please direct any questions regarding your field trip to 312.464.8249.

Chicago Children's Museum's CPS Vendor Number is 72216.