

CCM To Go Facilitated Workshops at your school

1. Your Information

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.

Your Name _____ School _____

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	Program	Grade Level	Days Offered
	Coaster Challenge	Grades 1–5	Tu, Th
	Dinosaur Detectives	Age 3–Grade 1	Tu, Th
	Fair Play	Grades 2–5	Tu, Th
	Make a Mural	Grades 2–5	Tu, Th
	The Skin You Live In	Age 3–Grade 1	Tu, Th
	smART spaces	Age 3–Grade 1	Tu, Th

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.

<p>Session #1</p> <p>Teacher Name: _____</p> <p>Room# _____ Grade _____</p> <p>Class size _____</p> <p>Start time _____</p>	<p>Session #2</p> <p>Teacher Name: _____</p> <p>Room# _____ Grade _____</p> <p>Class size _____</p> <p>Start time _____</p>	<p>Session #3</p> <p>Teacher Name: _____</p> <p>Room# _____ Grade _____</p> <p>Class size _____</p> <p>Start time _____</p>	<p>Session #4</p> <p>Teacher Name: _____</p> <p>Room# _____ Grade _____</p> <p>Class size _____</p> <p>Start time _____</p>
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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 specific 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 _____ = \$200.00

of additional sessions _____ x \$125.00 = _____
(up to 3)

TOTAL _____

5. 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:

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'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 workshop to 312.464.8249.

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