

EXPLORERS CAMP

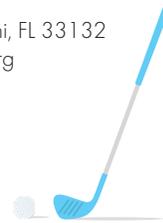
Summer Camp Registration Form



miami children's museum®
play • learn • imagine • create

980 MacArthur Causeway, Miami, FL 33132
miamichildrensmuseum.org

2026



Please email completed registration form(s) to yanet@miamichildrensmuseum.org or return to Miami Children's Museum, Monday-Thursday between 9:00 a.m. - 3:00 p.m. You will receive an email confirmation when your registration is received. Please do not email or drop off forms on Saturday or Sunday. If you have any questions or concerns, contact yanet@miamichildrensmuseum.org.

CHILD'S NAME: _____ DATE OF BIRTH: _____

FIRST

MIDDLE

LAST

SCHOOL CURRENTLY ATTENDING: _____ HOW DID YOU HEAR ABOUT US? _____

CHILD'S AGE: 5 6 7 8 9 10 | 11 12 13 14

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Join us for one or multiple weeks!

Camp Hours 9:00 a.m. - 3:00 p.m.

Week 1 June 8 - 12

Week 2 June 15 - 19

Week 3 June 22 - 26

Week 4 June 29 - July 3

Week 5 July 6 - 10

Week 6 July 13 - 17

Week 7 July 20 - 24

Week 8 July 27 - 31

Total # of Weeks: _____

Cancellations:

Cancellations will not be refunded. If cancellation occurs two weeks prior to the start date of camp, payment will be converted to museum credit, valid for one year from the date of issuance to use on future camps. **PLEASE NOTE:** Space will be held upon receipt of paid registration.

Camp Cost: \$375 / week (non-Members)

\$337.50 / week (for Members) Membership #: _____

Pre-registration includes an official camp shirt!

Add a Family Membership (Cost: \$200) Members and Siblings receive 10% off.

Extended Care:

Before Care (8:00 a.m. - 9:00 a.m.)

Total # of Before Care weeks: _____

Cost: \$25 / week

Total: _____

After Care (3:00 p.m. - 6:00 p.m.)

Total # of After Care weeks: _____

Cost: \$60 / week

Total: _____

***NO SAME-DAY CAMP REGISTRATIONS PERMITTED.**

Grand Total Amount Due: _____

Method of Payment (check one):

Credit Card MasterCard Visa American Express Discover

Card Number: _____

Exp. Date: _____ Security Code: _____

Print Card Holder's Name: _____

**Personal checks are not accepted.*

Late Policy:

The hours of operation for the Museum are 10:00 a.m. to 6:00 p.m. A late pick-up charge of \$5.00 per minute will apply after 6:00 p.m., payment will automatically be charged to the card on file.

I, _____, have read and understood this late payment policy.

Signature _____ Date _____

Please complete contact form on back.



Emergency Information

Emergency Contacts (at least 2 people):

Person 1: _____ Relationship: _____ Phone : _____

Person 2: _____ Relationship: _____ Phone : _____

List child's medical conditions and/or allergies:

Primary Physician's Name: _____ Phone: _____

In the event of a medical emergency, MCM staff will contact emergency medical personnel. Based on medical personnel's assessment, your child may be transported to a local hospital to receive further medical attention. Requests to alter this policy must be made in writing to the manager of camp. Emergency Medical personnel will not honor requests to bring children to specific hospitals, doctors, or medical establishments.

Authorization for Pick-Up

List all people authorized to pick up your child from camp, INCLUDING YOURSELF AND SPOUSE/PARTNER. The museum staff will NOT allow anyone not listed to pick up your child from camp. A valid photo ID must be shown to security and to your child's teacher at pick-up.

Please read and initial:

— Potty Trained

Children must be five years of age to attend MCM Camps and fully potty-trained. We take multiple bathroom breaks throughout the day to help our youngest campers. As a safety precaution our camp staff is legally not allowed to assist with personal hygiene.

— Behavior Expectations

To provide all campers with a safe and fun-filled camp experience, all campers must exhibit proper behavior and self-control. Inappropriate, disruptive and/or violent behavior while at camp will not be tolerated. In addition, bullying of any form will not be tolerated. MCM reserves the right, upon notification of parents, to dismiss any child for improper conduct.

— Special Concerns

I will inform camp management about any special concerns I have about my child so that MCM staff may provide him/her the best and safest camp experience.

Lunch and Snacks:

Lunch will be provided daily at no extra cost by our Subway restaurant. Each morning campers will choose from a menu created with kid friendly favorites and fresh healthy choices which will be delivered to their classroom at lunch time. In addition to the lunch provided, we ask that you also pack 2 small snacks from home.

If your child has special dietary needs that Subway cannot accommodate, please do send them with a lunch from home.

I have read and understand the above camp policies and procedures.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

— Medication

If my child requires any prescription or over the counter medication during camp hours, I will fill out a *Camper Medication Form*. I will send only those medications that are absolutely necessary (including Epi-pens). Required medication must be placed in a Ziploc bag and properly labeled with the child's name.

— Personal Items

I understand that the Museum cannot be held responsible for the loss, destruction or theft of any personal items. Please leave toys, games and electronic devices at home.

— Media Release

I authorize Miami Children's Museum to photograph and/ videotape my child for publicity purposes. Materials will not be sold or loaned.



Getting to Know Me

This form helps camp staff understand how to best support your child. Please complete each section to the best of your ability.

1. **What motivates your child?** (Circle all that apply and feel free to write your own.)

Verbal praise Toys Music Movement

Books Snack One-on-one attention

Other: _____

2. **What are your child's favorite activities or interests?** (Write up to 3)

1. _____

2. _____

3. _____

3. **What are some things your child avoids or dislikes?** (Circle all that apply and explain if needed)

Loud sounds Crowded spaces Waiting Sharing

Certain Textures (e.g. sticky, wet) Group Play Other: _____

Explanation (if needed) _____

4. **How does your child communicate?** (Circle all that apply)

Verbal speech Gestures or pointing Picture exchange

AAC device Sign language Facial expressions/body language

Other: _____

5. **How does your child show they need help or feel upset?** (Examples: crying, covering ears, walking away, repeating words, etc)

6. What helps your child calm down or feel safe? (Check all that apply and add any helpful details)

Taking deep breaths Hugs or pressure input Quiet space Fidget/sensory item

Music Visual schedule/reminders Adult Support Other: _____

Details (optional) _____

7. Independence & Support (Circle all that your child can do independently)

Follow 1-step instructions Wash hands Eat snack/lunch with minimal help

Participate in group play Ask for help Stay with the group

Support is needed for (optional) _____

8. Anything else you'd like us to know?
