

One Day Camp Registration Form



980 MacArthur Causeway, Miami, FL 33132
305.373.KIDS (5437)
www.miamichildrensmuseum.org

EMAIL COMPLETED FORM TO YANET@MIAMICHILDRENSMUSEUM.ORG

Please complete emergency contact form on back.

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Age ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

School currently attending: _____ How did you hear about us? _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Camp: _____ ☐ \$67.50 for members ☐ \$75 for non-members

Membership ID: _____ **Please note:** Membership must be active at the time of camp. Expired memberships will be charged the full amount.
Non-members may receive a 10% sibling discount | Only one 10% discount may be applied per registration | Discounts cannot be combined

Extended Care

Regular camp hours are 9:00am to 3:00pm

☐ Before Care: 8:00 am - 9:00 am

Cost: \$8 per day

☐ After Care: 3:00 pm - 6:00 pm

Cost: \$15 per day

Walk In Fee

☐ An additional \$20 walk in fee will apply per child for day of camp registration.

Grand Total Amount Due: _____

Method of Payment (check one)

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____ Exp. Date _____ Security Code _____

Print Card Holder's Name _____

Card Holder's Signature _____

Cancellations

Withdrawals, cancellations or absences will not be refunded. If a cancellation occurs seven days prior to the start of camp, payment will be converted to museum credit valid for one year from the date of issuance and may be applied to other camps.

PLEASE NOTE: Space will be held upon receipt of paid registration only.

Late Policy

Hours of operation for the Museum are 10:00 am to 6:00 pm. A late pick-up charge of \$5.00 per minute will apply after 6:00 pm. Payment will be automatically charged to the card on file.

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

Signature _____ Date _____

Emergency Information + Authorized Pickup

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.

Clearly print all people authorized to pick up your child **(please include yourself)**. MCM staff will not allow anyone not listed to pick up your child. (A valid photo ID must be shown to Security Guard.)

Camp Policies

Please read and initial:

— **Potty Trained**
Children must be four years of age to attend an MCM camp and fully potty-trained. We take multiple bathroom breaks throughout the day to help our youngest campers.

— **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.

— **Lunch and Snack**
I will provide lunch and two snacks for my child in a clearly labeled container. Please don’t send food that requires refrigeration or microwaving.

— **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.

— **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.

— **Media Release**
I authorize Miami Children’s Museum to photograph and video tape my child for publicity purposes. Materials will not be sold or loaned.

— **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.

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

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

