miami children's museum
play • learn • imagine • create
980 MacArthur Causeway, Miami, FL 33132
miamichildrensmuseum.org

# Registration Form

## 2026 WINTER CAMP

Please email completed registration form(s) to yanet@miamichildrensmuseum.org
or return to Miami Children's Museum Monday-Friday between 9AM and 3PM.
You will receive an email when your registration is received and confirmed.
Please DO NOT email or drop off forms on Saturday or Sunday.
Registration Deadline is: Friday, 12/18 by 3pm or until space is available.

Child's Name:_____ Date of Birth:_____

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

Child's Age ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10 ◯11 ◯12

Parent/Guardian:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____ Email:_____

**Join us for one week or both!**
Camp Hours 9:00 a.m. - 3:00 p.m.
Ages 4 through 12

◯ **Week 1**
Dec 21 - 24
*No Camp on 12/25

◯ **Week 2**
Dec 28 - Dec 31
*No Camp on Friday 1/1



## Cancellations:

Withdrawals, cancellations, or absences will not be refunded. If a cancellation occurs 2 weeks prior to the start 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 only.

**Total # of weeks** _____

Cost: $315 per week for members / $350 per week for non-members
**Non-members may receive a 10% sibling discount*
Members & Siblings receive 10% off **Membership ID**: _____
**Only one 10% discount may be applied per registration | Discounts cannot be combined*

**Extended Care**

◯ Before Care - 8:00 a.m. - 9:00 a.m.
Total # of Before Care weeks_____
Cost: $25 per week
Total: _____

◯ After Care - 3:00 p.m. - 6:00 p.m.
No After Care on 12/24 and 12/31
Total # of After Care weeks_____
Cost: $60 per week
Total: _____

◯ $20 walk in fee will be applied for day of camp registration.
*Space is not guaranteed on the day of camp. Pre-registration is strongly advised.

**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_____

**Late Policy**
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 be automatically 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 peop le)*:

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.

**NUT-FREE POLICY: For the safety of campers with allergies, Miami Children's Museum is a nut-free facility. No nuts, peanuts, tree nuts, or nut-containing products (including peanut butter) may be brought to camp.**

# Camp Policies

Clearly print all people authorized to pick up your child **(PLEASE MAKE SURE TO LIST YOURSELF)**. MCM staff will not allow anyone not listed to pick up your child. (A valid photo ID must be shown to Security Guard.)

_____ _____

_____ _____

## Please read and initial:

___ **Potty Trained**
Children must be four years of age to attend an MCM camp and be 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.

___ **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.

___ **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.

**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 accomodate, 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: _____