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

980 MacArthur Causeway, Miami, FL 33132
miamichildrensmuseum.org

2027 Explorers Spring Camp

Registration Form

ARTS ALIVE!

Please email completed registration form(s) to yanet@miamichildrensmuseum.org or return to Miami Children's Museum Monday-Friday between 9 AM and 3 PM.
You will receive an email when your registration is received and confirmed.
Please DO NOT email or drop off registration forms on Saturday or Sunday.
Registration Deadline for Spring Camp is Friday, 3/16, by 3 PM or until space is available.

CHILD'S NAME: _____ DATE OF BIRTH: _____
FIRST *MIDDLE* *LAST*

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

CHILD'S AGE: ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

PARENT/LEGAL GUARDIAN NAME: _____

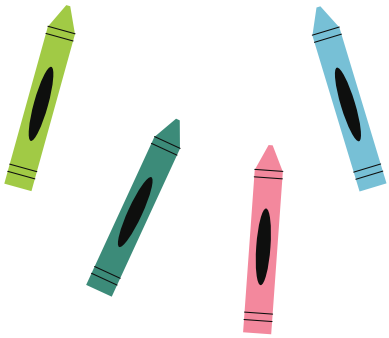
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Camp Hours 9:00am - 3:00pm
Ages 4 through 12

Monday, March 22 - Friday, March 26





Cost: $337.50 per week for members / $375 per week for non-members

Non-members may receive a 10% sibling discount | Only one 10% discount may be applied per registration | Discounts cannot be combined

Extended Care

◯ Before Care - 8:00am - 9:00am
Cost: $25
Total: _____

◯ After Care - 3:00pm - 6:00pm
Cost: $48
Total: _____
*No aftercare on Friday, 3/26

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_____

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., due at time of pick-up.
If you have any questions or concerns, please call 305.373.5437 ext. 104.

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

Signature_____Date_____

Cancellations:

Withdrawals, cancellations, or absences will not be refunded. If a cancellation occurs two weeks before 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 ONLY be held upon receipt of paid registration.

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.

Camp Policies

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.

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 fully potty-trained. We take multiple bathroom breaks throughout the day to help our youngest capers.

___ **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: _____