



Date Registration Paid: \_\_\_\_\_

# Museum Summer Club Application Form

**One registration form per child is required.**

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## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Preferred name you would like your child to go by at Club: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

Primary language spoken in the household: \_\_\_\_\_

**ALLERGY ALERT:** Does your child have any known allergies? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, list all allergies on page 3.)

### This year we are offering Culinary, Clay and Mini-Clubs

Please check ALL club sessions and times you are interested in enrolling your child for.

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**Culinary Clubs (\$100):** This club offers young chefs the chance to explore the world of cooking. Participants will learn to prepare delicious dishes in a fun and engaging, drop-off class setting. Each Club session lasts three weeks and takes place on Tuesdays in the Culinary Studio for a 2 hour time period. Please select all sessions you would like your child to attend. Please note that our morning session is for children ages 5-7 and our afternoon session is for children ages 8-12.

#### Ages 5-7 (10:00am - 12:00pm)

- ☐ Session 1: Tuesdays, June 10th - June 24th  
☐ Session 2: Tuesdays, July 8th - July 22nd  
☐ Session 3: Tuesdays, Aug 5th - Aug 19th

#### Ages 8-12 (1:00pm-3:00pm)

- ☐ Session 1: Tuesdays, June 10th - June 24th  
☐ Session 2: Tuesdays, July 8th - July 22nd  
☐ Session 3: Tuesdays, Aug 5th - Aug 19th

**Clay Clubs (\$100):** In this hands-on club, children will discover the art of working with clay. Through drop-off classes, they'll learn various techniques to create their own unique ceramic pieces. Each Club session lasts three weeks and takes place on Wednesdays in the Clay Studio for a 2 hour time period. Please select all sessions you would like your child to attend. Please note that our morning session is for children ages 5-7 and our afternoon session is for children ages 8-12.

#### Ages 5-7 (10:00am - 12:00pm)

- ☐ Session 1: Wednesdays, June 11th - June 25th  
☐ Session 2: Wednesdays, July 9th - July 23rd  
☐ Session 3: Wednesdays, Aug 6th - Aug 20th

#### Ages 8-12 (1:00pm-3:00pm)

- ☐ Session 1: Wednesdays, June 11th - June 25th  
☐ Session 2: Wednesdays, July 9th - July 23rd  
☐ Session 3: Wednesdays, Aug 6th - Aug 20th

**Mini Club (\$65):** These consecutive two-day sessions, provide a taste of both the Clay and Culinary Clubs. Kids will spend one day creating with clay in the studio and the other day cooking up tasty treats in the kitchen. Please select all sessions you would like your child to attend. Please note that our morning session is for children ages 5-7 and our afternoon session is for children ages 8-12

#### Ages 5-7 (10:00am - 12:00pm)

- ☐ Session 1: July 1st and July 2nd  
☐ Session 2: July 29th and July 30th

#### Ages 8-12 (1:00pm-3:00pm)

- ☐ Session 1: July 1st and July 2nd  
☐ Session 2: July 29th and July 30th

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Please check all that apply to your child/family. (Your response will not affect your acceptance or enrollment in the Summer Clubs. This information will be used to better plan for your child's education and care in our program)

☐ Medical Condition

☐ Psychological Condition/Disorder

☐ Developmental Concern

☐ Social/Emotional Concern/Trauma

Which of the following describes your child's racial or ethnic identity? (Please check all that apply)

**American Indian or Alaska Native**

☐ American Indian

☐ Alaska Native

☐ Canadian Inuit, Metis, or First Nation

☐ Indigenous Mexican, Central American, or South America

**Native Hawaiian or Pacific Islander**

☐ Guamanian or Chamorro

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Tongan

☐ Other Pacific Islander

**Middle Eastern/Northern African**

☐ Northern African

☐ Middle Eastern

**Black or African American**

☐ African American

☐ African (Black)

☐ Caribbean (Black)

☐ Other Black

**White**

☐ Eastern European

☐ Slavic

☐ Western European

☐ White/Caucasian

☐ Other White

**Asian**

☐ Asian Indian

☐ Korean

☐ Chinese

☐ Laotian

**Native Hawaiian or Pacific Islander**

☐ Guamanian or Chamorro

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Filipino/a

☐ South Asian

☐ Hmong

☐ Japanese

☐ Vietnamese

☐ Other Asian

**Black or African American**

☐ African American

☐ African (Black)

☐ Caribbean (Black)

☐ Other Black

**Hispanic or Latino/a**

☐ Hispanic or Latino/a Central American

☐ Hispanic or Latino/a Mexican

☐ Hispanic or Latino/a South American

☐ Other Hispanic or Latino/a

**Other Categories**

☐ Other (Please List) \_\_\_\_\_

☐ Don't Know/Unknown

☐ Decline/Don't want to answer

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**PARENT/GUARDIAN INFORMATION**

**First Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives at address: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not at all

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Second Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION** Please provide up to two emergency contacts (**NOT PARENT/ GUARDIAN LISTED ABOVE**) for us to reach out to **after attempting to reach parent(s)/guardian(s)** listed above. These will be added to your approved pick up list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

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**PICK-UP LIST** Please list anyone above the age of 18 **other than the parents/guardians and emergency contacts**, who has your permission to pick up your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

**Please list anyone who is NOT allowed to pick up your child.**

Name(s): \_\_\_\_\_

*If the person listed above is a parent/guardian of your child, we will need copies of the legal documents that restrict this person from picking up your child.*

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**MEDICAL INFORMATION** Please provide the following information regarding your child's health:

Does your child have any chronic health issues or specific care needs (such as previous serious illness or injuries)?

☐ Yes

☐ No

List all health problems or medical concerns. Please note if any problems/conditions restrict your child's activities: \_\_\_\_\_

Does your child regularly need medication, or have medication prescribed for continuous long term use?

☐ Yes

☐ No

\*If yes, please explain: \_\_\_\_\_

Please list **non-allergy** food sensitivities or difficulties we should be aware of. Please be specific about food restrictions (example: no liquid milk vs no dairy):

**List any of your child's known allergies** (including medicine or food) and any related medical protocols we should be aware of: \_\_\_\_\_

List all health problems or medical concerns. Please note if any problems/conditions restrict your child's activities: \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION** Please list any restrictions to permission of the following:

I have received a written copy of The Museum's Safe Play Policies. \_\_\_\_\_ Yes \_\_\_\_\_ No

In an emergency, The Children's Museum of Southern Oregon has my permission to call 911 and initiate ambulance transport of my child to the hospital, at my expense, to obtain medical treatment. (In most emergencies 911 is called, and the child is transported to the nearest hospital and treated by the on-call physician. The parent(s)/guardian(s) of the child will be notified as soon as possible.)

If it is needed, The Children's Museum of Southern Oregon has my permission to transport my child to an available physician or medical treatment facility and be treated by medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name \_\_\_\_\_

**Summer Club Registration Payment and Cancellation Agreement** Please read and sign.

Summer Club registration fees are to be paid in full at time of registration. The registration fee for mini clubs is \$65.00. The fee for culinary and clay clubs is \$100. If you need to cancel your child's club enrollment after payment has been made, please cancel no later than 5 business days before your child's club begins. The Museum can transfer the payment to a different club or give you a refund, *minus a \$15.00 cancellation fee, if the cancellation is made by then. Cancellations made after that will not be refunded. In the event that the Museum cancels your child's club, a full refund will be given.*

☐ I understand & agree to the Summer Club Registration Payment and Cancellation Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**PHOTO RELEASE FORM** Please read and sign.

I hereby grant The Children's Museum of Southern Oregon permission to take and use my child's photograph in connection with museum club activities, museum activities, and projects, for use in their private portfolio, classroom displays, brightwheel profile image, documentation and communication, and other private communication with our family. (Please make your selection below.)

☐ I DO grant permission for my child to be photographed

☐ I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Name: \_\_\_\_\_

**PHOTO RELEASE** Please read and sign.

I hereby grant The Children's Museum of Southern Oregon permission to take and use my child's photograph in connection with museum club activities, museum programming and projects, for use in school displays, publications and web site posts related to The Ivy School/The Children's Museum of Southern Oregon, without payment or any other consideration in perpetuity. These photographs are used for internal communication and projects, preschool/museum promotion, and as shared content amongst preschool families. I have read and understood the above. (Please make your selection below)

☐ I DO grant permission for my child to be photographed

☐ I DO NOT grant permission for my child to be photographed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Name(s) \_\_\_\_\_

**VIDEO RELEASE** Please read and sign.

I authorize The Children's Museum of Southern Oregon to use short video clip footage of my child taken during their school day. These videos are for educational purposes, and will be shown to staff and our parent community only. They will not be used for marketing or distributed to the public through any social media outlets (Please make your selection below.)

☐ I DO grant permission for video to be taken of my child(ren)

☐ I DO NOT grant permission for video to be taken of my child(ren)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_

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**Please FULLY Read and Initial your agreement to the following statements:**

\_\_\_\_\_ I understand I will receive a copy of Summer Club dates and times. If any changes occur I will be notified by email. I understand that I am responsible for checking my emails and contacting The Children's Museum of Southern Oregon if I have any questions or concerns.

\_\_\_\_\_ I have read and understand The Summer Club Registration Payment Agreement and have confirmed my child's schedule. I understand that I cannot drop-off my child more than **5 minutes before** the start of their class. I am aware that I cannot drop my child off more than **25 minutes late** without pre-arranging it with my child's teachers. I understand that if I pick-up my child more than 5 min late, a fee will be added to my account.

\_\_\_\_\_ I understand that I am responsible for providing my child with appropriate clothing for their summer club. This includes closed toed shoes and attire that allows for stains during club activities such as cooking or working with clay.

\_\_\_\_\_ I understand that as a part of my child's everyday club curriculum they will interact with materials such as that may stain or damage clothing. I understand that messy experiences are often encouraged and the importance of these learning opportunities, and will send my child in clothing that will allow them to be active participants in all the activities of their classroom.

\_\_\_\_\_ I understand that The Children's Museum of Southern Oregon employees are not responsible for diaper changes or assisting my child with bathroom needs. If my child is in need of diaper changes and/or bathroom assistance, I understand that I will be contacted to come and immediately assist my child.

\_\_\_\_\_ I understand that if my child's behavior heavily impacts their ability to participate in club activities or creates an unsafe environment for other children we may ask for immediate parent involvement and assistance, as well as a meeting with our club director. Behaviors that might require immediate parent involvement include but are not limited to: extreme lethargy, inconsolable crying, consistent refusal to eat, physically harming staff or students, screaming, use of inappropriate language and running from staff. Parent Involvement may include but is not limited to early pickup.

\_\_\_\_\_ I understand that as a part of my child's everyday club curriculum they will interact with materials that are hot or sharp such as hot pans, knives, and carving tools. I understand that there is some risk of injury when handling these tools. I understand that if my child is having a difficult time safely using these materials they will be given alternative tools or may be removed from the classroom.

\_\_\_\_\_ I hereby release The Children's Museum of Southern Oregon, OCCL, its employees, and volunteers from any liability of injury, loss, or damage to personal property associated with this event.

\_\_\_\_\_ I understand The Summer Clay Club illness policies. I understand that if my child has an illness or symptoms of an illness my child must be symptom-free for 24-48 hours (depending on the illness) before they may return to school. I understand that if active symptoms occur at the museum, I will be contacted for an early pick-up. I understand that having the COVID-19 virus has separate rules from the illness policy

*The Children's Museum of Southern Oregon does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups. We encourage all families to apply for participation in any of our programs to meet your child's learning needs. Our non-discrimination policy is also strictly adhered to in relation to any and all employment opportunities and all employees in our organization. Complaints of discrimination on the basis of race, color, religious creed, disability, ancestry, national origin or sex may be filed with any of the following: Brittain Zimmerman, Director of Education/Sunny Spicer, Executive Director, 413 W Main St, Medford, OR 97501, Phone: 541-772-9922*

<b>OFFICE USE ONLY</b>	<b>CHILD'S NAME:</b> _____
Date Registration Approved _____/_____/_____	
Registration Fee: \$ _____	
Club Schedule: _____	
Schedule Cost: \$ _____	
Museum Administrator Signature: _____	
Date Registration Fee Paid: _____/_____/_____	
Notes: _____	