

Date Registration Paid: _____

Museum Summer Club Registration Form

One registration form per child is required.

1 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.)

2 Clubs you are registering for: (please check ALL clubs and times you are registering your child for.)

The Children's Museum of Southern Oregon Summer Clay and Culinary Clubs. (Summer clubs host children ages 5-15. Children will be separated into different teams depending on their age group. Club meetings are once a week for a 2 hour time block.)

Club Choice

- | | |
|--|--|
| <input type="checkbox"/> Clay Designs (Wednesdays, June 12th-26th) | <input type="checkbox"/> Culinary Classics (Tuesdays, June 11th-June 25th) |
| <input type="checkbox"/> Clay Designs (Wednesdays, July 10th-31st) | <input type="checkbox"/> Culinary Classics (Tuesdays July 9th-July 30th) |

Age Group

- | | | |
|---|--|---|
| <input type="checkbox"/> Acorn Team (Ages 5-7, 10:00am-12:00pm) | <input type="checkbox"/> Sapling Team (Ages 8-12, 1:00pm-2:00pm) | <input type="checkbox"/> Ivy Team (Ages 13-15, 3:00pm-5:00pm) |
|---|--|---|

3 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.):

- | | |
|---|--|
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Developmental Concern |
| <input type="checkbox"/> Psychological Condition/Disorder | <input type="checkbox"/> 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)

White

- Other Black
- 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

- 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

4 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: _____

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: _____

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.

6 MEDICAL CONTACT 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 *If yes, please complete a written care plan upon enrollment

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: _____

Does your child have any developmental concerns? _____

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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 _____

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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 clubs with 3 sessions is \$75. The fee for clubs with 4 sessions 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: _____/_____/_____

PHOTO RELEASE FORM Please read and sign.

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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 experiences, 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

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

