

~AT THE MUSEUM~

FIELD TRIP REGISTRATION FORM

Please note that this is not a confirmation. Your trip is confirmed when you receive a field trip confirmation letter.

Contact Information

PRIMARY CONTACT	POSITION
SCHOOL OR ORGANIZATION	
ADDRESS	CITY/STATE/ZIP
DAYTIME PHONE	E-MAIL

NAME OF LEAD STAFF ONSITE FOR FFT (if different from above)	
PHONE	E-MAIL

Program Preferences

TIME <input type="radio"/> 9:45–11:15 a.m. <input type="radio"/> 10–11:30 a.m. <input type="radio"/> 10:45 a.m.–12:15 p.m. <input type="radio"/> 11 a.m.–12:30 p.m. <input type="radio"/> 1:30–3 p.m. <input type="radio"/> Other _____ <i>(Please plan to arrive 5–10 minutes early for orientation.)</i>	30-MINUTE LUNCH ROOM REQUEST <input type="radio"/> Yes <input type="radio"/> No <i>(Lunch room is free, but availability is limited. Reservations must be made in advance and scheduled immediately before or after your field trip time.)</i>
AGE OF CHILDREN <input type="radio"/> Under 3 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8	
DATE (FIRST CHOICE) _____ (SECOND CHOICE) _____ (THIRD CHOICE) _____	
WORKSHOP TOPIC IF FOCUSED FIELD TRIP (FFT)	FIRST CHOICE: _____ SECOND CHOICE: _____
SPECIAL REQUESTS/ADDITIONAL INFO (ie: Spanish Speaking Educator, Special Needs)	

Trip Cost

	NUMBER	PRICE	TOTAL
FOCUSED FIELD TRIP (minimum 16 children)		@ \$10/CHILD =	
SELF-GUIDED FIELD TRIP (minimum 10 children)		@ \$7/CHILD =	
EXTRA TIME IN MUSEUM EXHIBITS (30 minutes)		@ \$2/CHILD =	
NUMBER OF ADULTS* (one adult free for every 3 children)		@ FREE =	FREE
EXTRA ADULTS (over the 1:3 ratio)		@ \$7/PERSON =	
TOTAL DUE =			

*The Museum requires 1 adult for every 5 children.

Payment Method

To guarantee your field trip, check, money order, or credit card information **must be provided** with your registration form.

- Check or money order enclosed, payable to **Kohl Children's Museum**
- Chicago Public Schools purchase order # _____
- Please use my credit card to hold this trip. Another form of payment will be submitted on or before the day of the trip. I also acknowledge that I have read and accept the Museum's field trip policies. Initial here: _____
- Please charge \$ _____ to my credit card:

Expiration Date:	<input type="text" value="2"/> <input type="text" value="0"/>	<input type="checkbox"/> Visa <input type="checkbox"/> AmEx	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
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Completed by: _____

Cancellation and Change Policy

More than 30 days in advance = full refund

Less than 30 days in advance = no refund

Please initial here

Confirmed field trips that do not show up will be **CHARGED THE FULL AMOUNT.**

Payment is expected for the full confirmed amount regardless of absent children.

Field trip fees are applied to all children, including Museum members.

Chicago Public School Vendor # 14724



Click to submit form to fieldtrips@kcmgc.org