

~IN YOUR SCHOOL~

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 (ON SITE)	POSITION	
SCHOOL OR ORGANIZATION		
ADDRESS	CITY/STATE/ZIP	
DAYTIME PHONE	E-MAIL	
NAME OF PERSON FILLING OUT THIS FORM (if different from above)		

Program Preferences

ТІМЕ	 9:45–11:15 a.m. 10:45 a.m.–12:15 p.m. 	○ 11 a.m12:30 p.m.	Please Note: Educators require 30-45 minutes to set up. Room needs to be available during this time.		
	○ 1:30–3 p.m.		AGE OF CHILDREN • 2-3 • 3-4	○ 5-6○ 7-8	
DATE (FIRST CHOICE)		(SECOND CHOICE)	(THIRD CHOICE)		
WORK	WORKSHOP TOPIC (FIRST CHOICE)				
(SECO	ND CHOICE)				
SPECI	SPECIAL REQUESTS/ADDITIONAL INFO (ie: Spanish Speaking Educator, Special Needs)				

Program Details

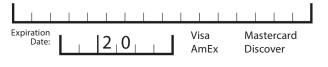
LOCATION WHERE EDUCAT	ORS CAN UNLOAD SUPPL	ES:			
LOCATION WHERE EDUCATORS CAN PARK: ENTRY LOCATION: WHERE WILL THE EXPERIENCE TAKE PLACE? (ie: classroom, gym,)					
RESOURCES IN WORKSHOP LOCATION: Please check all available O Tables, Qty O Outlets, Qty O Water Source		.e, <i>Qty</i>			
Trip Cost					
NUMBER OF CHILDREN:	(max_25 children)	○ \$250 (0-10 miles)	⊖\$275 (11-20 miles)	⊖\$300 (21-25 miles)	

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ADDITIONAL SESSION (same day/ location) # of children: (max. 25 children)		@ \$200 =		
			TOTAL DUE =	

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**
- O 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:



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
Spr.

KOHL CHILDREN'S

Click to submit form to fieldtrips@kcmgc.org

Kohl Children's Museum • 2100 Patriot Boulevard • Glenview, IL 60026 • (847) 832-6923 f: (847) 724-6469