



THE PLACE WHERE AWESOME LIVES

# ~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

<b>TIME</b> <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 _____	<b>Please Note:</b> Educators require 30–45 minutes to set up. Room needs to be available during this time.	
<b>AGE OF CHILDREN</b> <input type="radio"/> 2-3 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8		
DATE (FIRST CHOICE)	(SECOND CHOICE)	(THIRD CHOICE)
WORKSHOP TOPIC (FIRST CHOICE)		
(SECOND CHOICE)		
SPECIAL REQUESTS/ADDITIONAL INFO (ie: Spanish Speaking Educator, Special Needs)		

### Program Details

LOCATION WHERE EDUCATORS CAN UNLOAD SUPPLIES:
LOCATION WHERE EDUCATORS CAN PARK:
ENTRY LOCATION:
WHERE WILL THE EXPERIENCE TAKE PLACE? (ie: classroom, gym, ...)
RESOURCES IN WORKSHOP LOCATION: Please check all available <input type="radio"/> Tables, Qty_____ <input type="radio"/> Outlets, Qty_____ <input type="radio"/> Water Source, Qty_____

### Trip Cost

NUMBER OF CHILDREN: _____ (max. 25 children) <input type="radio"/> \$275 (0-10 miles) <input type="radio"/> \$300 (11-20 miles) <input type="radio"/> \$325 (21-25 miles)	
ADDITIONAL SESSION (same day/ location) # of children: _____ (max. 25 children)	@ \$225 =
<b>TOTAL DUE =</b>	

### 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: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	2	0	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Visa AmEx     Mastercard Discover

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**



**Please submit form to [fieldtrips@kcmgc.org](mailto:fieldtrips@kcmgc.org)**