KOHL CHILDREN'S MUSEUM IN-SCHOOL EXPERIENCE

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	POSTION		
SCHOOL OR ORGANIZATION			
ADDRESS	CITY/STATE/ZIP		
DAYTIME PHONE	EMAIL		
EDUCATOR/TEACHER NAME ONSITE DURING EXPERIENCE			
PHONE	EMAIL		

Program Preferences

WORKSHOP TIME Not including set-up time	9:15-10 a.m. 9:45-10:30 a.m. 10:15-11 a.m. 1:30-3 p.m.	9:30-10:15 a.m. 10-10:45 a.m. 10:30-11:15 a.m. Other:	and tables/de 9:15-10:00 a.m. i	cators require 45 minutes before workshop time to set up. The room esks for the experience need to be available during this time. <i>I.E., if</i> is the selected time, the Educator will set up in the room from 8:30 - 9:15. cknowledge understanding of set-up time:
DATE FIRST CHOICE:		SECO	ND CHOICE:	THIRD CHOICE:
WORKSHOP TOPIC		FIRST CHOICE:		SECOND CHOICE:
AGES OF STUDENTS:		NUMBER OF STUDENTS: (max 25 per session)		
SPECIAL REQUESTS/ADDITIONAL INFO (i.e. Spanish-speaking educator requested, SPED class, etc.)				

Program Details

LOCATION WHERE EDUCATOR CAN UNLOAD SUPPLIES:							
LOCATION WHERE EDUCATOR CAN PARK:							
ENTRY LOCATION: ENTRY REQUIREMENTS: (i.e. valid ID, etc.)							
WHERE WILL THE EXPERIENCE TAKE PLACE? (i.e. classroom, gym, etc.)							
RESOURCES IN WORKSHOP LOCATION	Tables, qty	Outlets, qty	Water source, qty				
SECOND SESSION FOR DIFFERENT CLA	Yes	No					
SECOND SESSION LOCATION	Same as first session (gym, etc.)	Different room (separate classroom, etc.)		assroom, etc.)			
	Not applicable		Other				

Note: For additional sessions (over two sessions in the same day), sessions at a separate address, or sessions on a different day, please fill out a separate form.

rrip Cost	PRICE	TOTAL
SCHOOL OR SITE 0-10 MILES FROM KCM	\$275	
SCHOOL OR SITE 11-20 MILES FROM KCM	\$300	
SCHOOL OR SITE 21-25 MILES FROM KCM	\$325	
ADDITIONAL SESSION (same day/address)	\$225	
	TOTAL DUE =	

Payment Method

Tuin Coat

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

CC number:

Visa **Expiration date:** AmEx Discover

Mastercard

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

Completed by:

Please save form and submit to fieldtrips@kcmgc.org