



# 2021 Museum Discovery Camp Registration Packet

***Reading Public Museum's Museum Discovery Camp is a multi-age, multi-disciplinary camp where children get to discover the Museum in new ways while honing their skills working independently and in group settings on a variety of hands-on activities and experiments.***

**Advanced registration is required.** Full payment and completion of this packet are due at registration. You will receive a confirmation of reservation via email once payment has been received and processed.

Please fill out a different form for each child.

Please contact Rebeka Birch at 610.371.5850 x258 or at [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org) if you have any questions.

## General Information:

Child's Name:		Birthdate:				
School child will attend in Fall 2021:		Grade - Fall 2021:				
Parent/Guardian Name <b>(Primary Contact):</b>		Phone:				
Parent/Guardian Name <b>(Secondary Contact):</b>		Phone:				
Child's Address, City, State, Zip:						
Primary Email:		Museum Member:	YES    NO			
<p><b>Please be advised:</b> All communication information will be sent via email. In case of emergency, we will attempt to contact via phone first and use the order as listed.</p>						
How did you hear about us?	RPM Website	RPM Publication	Social Media	Repeat Camper	Friend or Family	Other (Please List)
Does your child have a friend(s) attending camp at the same time? If so, please provide the name(s):						

**\*Emergency Contact Information & Authorized Pick-Up Person(s) *other than listed above*\***  
(Only those listed will be allowed to sign out your child. Proper ID must be shown)

**\*Please list in the order to contact\***

Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	

## Registration Information:

### Museum Discovery Camp

\*Full Day/Monday-Friday

School Age Children (Entering Grades 1-6 in fall 2021)

Members:	Non-Members:
<b>Early Bird</b> (March 1 – April 30): \$150/week/child	<b>Early Bird</b> (April 1 – April 30): \$180/week/child
<b>Full Price</b> (May 1 – Close): \$175/week/child	<b>Full Price</b> (May 1 – Close): \$200/week/child

### GirlSci Camp (7/6-7/9)

\*Full Day/Tuesday-Friday

School Age Children (Entering Grades 3-7 in fall 2021)

Members:	Non-Members:
<b>Early Bird</b> (March 1 - April 30): \$135/child	<b>Early Bird</b> (April 1 – April 30): \$155/child
<b>Full Price</b> (May 1 – Close): \$140/child	<b>Full Price</b> (May 1 – Close): \$160/child

All children must be preregistered. Registration closes the Monday prior to the start of the camp week. All monies and completed forms must be submitted by that time or registration cannot be guaranteed.

✓	Camp Week:	Time:	Fee (See Chart Above):
	June 14 – June 18 – <i>Slime Into Summer</i>	9 a.m. – 4 p.m.	
	June 21 – June 25 – <i>Color Me Inspired</i>	9 a.m. – 4 p.m.	
	June 28 – July 2 – <i>Budding Builders</i>	9 a.m. – 4 p.m.	
	July 6 – July 9 – <i>GirlSci (Tuesday - Friday)</i>	9 a.m. – 4 p.m.	
	July 12 – July 16 – <i>Art, Science, &amp; Illusion</i>	9 a.m. – 4 p.m.	
	July 19 – July 23 – <i>Earth to ISS</i>	9 a.m. – 4 p.m.	
	July 26 – July 30 – <i>Potent Potions &amp; Creative Concoctions</i>	9 a.m. – 4 p.m.	
	August 2 – August 6 – <i>All About Animals</i>	9 a.m. – 4 p.m.	
	August 9 – August 13 – <i>Celebrate the World</i>	9 a.m. – 4 p.m.	
	August 16 – August 20 – <i>Bucket of Fun</i>	9 a.m. – 4 p.m.	
		<b>Session Total:</b>	

## Early Drop-off and Late Pick-up

**\*NEW – Requires a minimum of registrants for program to be available each week\***

<b>Early Drop-off (Member and Non-member)</b> available Monday - Friday starting at 8 am \$10 additional/day/camper	<b>Late Pick-up (Member and Non-member)</b> available Monday - Thursday until 5 pm \$10 additional/day/camper *NO Late Pick-up on FRIDAYS
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If the minimum registrants is NOT met the week your child is planning on attending, will the absence of Early Drop-off or Late Pick-up prevent them from attending?  Yes  No

Early Drop-off (Indicate Days)	Drop-off between 8:00 am - 8:45 am	M	T	W	H	F	
Late Pick-up (Indicate Days) (NOT available on FRIDAYS)	Pick-up between 4:15 pm - 5:00 pm	M	T	W	H		
<b>Early/Late Total:</b>							

A camp counselor will be in contact to assist you in your child's Early and Late arrangements.

\*Confirmation of Early Drop-off and Late Pick-up will be for the week your child is attending will be made no later than 2 weeks prior to the start of the camp week

<b>Session Total:</b>	
<b>Early/Late Total:</b>	
<b>Total Owed:</b>	

## Payment

Your child's admittance is not guaranteed until you receive your confirmation via email. Camp fees are non-refundable. We reserve the right to cancel sessions. Refunds are at the discretion of Reading Public Museum.

Payment Type	Enclosed Check (made payable to Reading Public Museum)		Credit Card	
Credit Card Type	MC	VISA	DISCOVER	AMEX
Credit Card #				
Credit Card CCV Code				
Credit Card Expiration Date				

\*If you wish to make a payment over the phone, please call Rebeka Birch at 610.371.5850 x258

Signature: \_\_\_\_\_

Forms and/or Payment can be mailed or emailed to the following:

Reading Public Museum  
 Attn: Summer Camp  
 500 Museum Road  
 Reading, PA 19611

OR

[rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org)  
 Subject: Summer Camp

## Medical Information:

Reading Public Museum Summer Discovery Camp is an **INCLUSIVE** program and will do everything we can to make reasonable accommodations for your child.

Does your child have any of the following (**check all that apply**):

Seasonal Allergies	Asthma	Sensory Processing Disorder
Medication Allergies (list below)	Vision Difficulties (list below)	Autism Spectrum Disorder
Insect Sting Allergy	Hearing Difficulties (list below)	Epilepsy
Food Allergies (list below)	Physical Difficulties (list below)	Behavioral or Emotional Disorders
Diabetes	ADD/ADHD	Other (list below)

List necessary details here:

We want your child to have the best experience possible; therefore, a camp counselor may contact you to discuss how we can best accommodate your child.

**Failure to properly alert RPM to your child's relevant conditions may be cause for exclusion from camp.**

**\*Please note: Reading Public Museum is not able to accommodate children with conditions that may pose a safety risk to themselves or others. If your child has a condition that qualifies, please arrange for a paraprofessional to accompany them and contact Rebeka Birch to discuss. 610.371.5850 x258 or [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org)**

Is your child on any medications?  Yes  No

If yes, please list:

Will your child need to receive a prescription or over-the-counter medication **while here?** (including EpiPens and/or Rescue Inhalers)  Yes  No

## Photo Release:

Should my child appear in photographs, films, video recordings, etc. taken during general participation, I hereby grant permission for my child to appear in promotional material related to Reading Public Museum.

**Please initial in the space next to your selection:**

\_\_\_\_\_ I agree

\_\_\_\_\_ I disagree (Note: disagreement in this matter will NOT affect your child's ability to attend camp)

## Behavior Expectation Policy:

At Museum Discovery Camp, we have high expectations in your child's ability to monitor their own behavior and strive to keep disciplinary actions to a minimum. We ask all children to follow our three Museum Discovery Camp rules at all times.

1. **Respect The Reading Public Museum** – treat our facilities, exhibits, artifacts, supplies, and equipment with care; clean up after yourself. Follow The Museum Rules.
2. **Respect your fellow campers** – be kind, use polite and respectful language, share, take turns, and keep all body parts outside of others' personal space.
3. **Respect your counselors** (including all camp staff and volunteers) – listen and then follow instructions, use polite and respectful language, stay with your class at all times.

***Please read and initial:***

If your child exhibits disrespectful or disruptive behavior or language, or becomes physically or emotionally aggressive toward another individual or themselves, we will enact our Behavior Expectation Policy. This policy can be found on our website, in our "Museum Discovery Camp Survival Guide," and is available anytime at request. Please review the policy with your child prior to the start of their camp session.

I have read and understand the Behavior Expectation Policy and I agree to comply with it.

Please Initial: \_\_\_\_\_

## Parent Agreement:

***\*Please INITIAL all items and fill in information where space is provided - You must agree to all items in the Parent Agreement in order for your child to attend Discovery Camp at The Reading Public Museum\****

**INITIAL**

**POLICY**

	I/We, (legal parents/guardians' name(s)) _____, hereby authorize the Reading Public Museum to administer basic first aid when applicable to (child's name) _____ for minor injuries, including the treatment of minor cuts, scrapes, burns (including sunburns) and stings.
	Medications, including prescription and OTC, will not be administered by RPM staff at any time – should a camper require medication during camp, it will be provided with detailed instructions, a physician's note, and a completed medical form for that medication, and will be administered by the camper with RPM staff supervision.

	If my child may need to receive life-saving, emergency medication during camp (including EPI pens, rescue inhalers, etc.) I will provide a completed medical form for that medication, I will provide medication in its original container, and I will provide detailed written instructions for the administration. Museum Staff will ONLY administer life-saving, emergency medication in an emergency situation where my child is incapacitated and/or not capable of administering their own medication. I hereby relieve The Reading Public Museum and Reading Public Museum Staff of all legal ramifications as a result of administering life-saving, emergency medication.
	I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of RPM to provide transportation and treatments, including X-rays and routine tests, for my child.
	In the event that I, or emergency contacts, cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child.
	I agree to assume financial responsibility for all medical and hospital expenses.
	On behalf of the child/minor, I hereby release, discharge, and hold harmless, The Reading Public Museum, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and or damages, including attorney fees, arising out of my/our child's participation in The Reading Public Museum Discovery Camp, except for the willful misconduct or gross negligence of The Reading Public Museum.
	I have read and given my approval or disapproval for my child to appear in photographs taken during general participation that may be used in promotional material related to The Reading Public Museum.
	I have read and agreed to the Behavior Expectation Policy.
	Should anything in my child's medical or behavioral plans change from the time I sign this form through the time my child will be in the care of Reading Public Museum, it is my responsibility to inform Reading Public Museum immediately. If I/We fail to do so, Reading Public Museum cannot be held responsible for anything related to this change should it occur.
	I understand that failure to properly alert RPM to your child's relevant conditions may be cause for exclusion from camp.
	If my child requires a paraprofessional to attend camp with them, I agree to provide a paraprofessional and assume any necessary expenses that are required.
	I understand that I may need to sign a COVID-19 liability waiver prior to my child's first camp session for them to attend camp at Reading Public Museum and that my child will need to comply with all current camp regulations regarding COVID-19.

***I have read, understand, and initialed all the information above:***

**Signature:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***I hereby authorize that, to the best of my knowledge, all of the information provided is complete and correct and I will be responsible to update it should it, at any time, change:***

**Signature:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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