



2023 Museum Discovery Camp Registration Packet

The 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 working independently and in group settings on a variety of hands-on activities and experiments.

General Information:

Child's Name:		Birthdate:	
School child will attend in Fall 2023:		Grade - Fall 2023:	
Child's FULL Address (Street, City, State, Zip):			
Does your child have a friend(s) attending camp at the same time? If so, please provide the name(s):			
Does your child have a nickname or preferred pronoun? If so, please provide:			
Museum Member:	YES NO	If Yes, Member Name:	
How did you hear about us?	RPM Website	RPM Publication	Social Media
		Repeat Camper	Friend or Family
			Other (Please List)
Please be advised: 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.			

Parent/Guardian Name (Primary Contact):	Parent/Guardian Name (Secondary Contact):
Primary Contact Phone:	Secondary Contact Phone:
Primary Contact Email:	Secondary Contact Email:

Emergency Contact & Authorized Pick-Up Person(s) *other* than those 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:	
Name:	Phone:	Relationship:	

Please contact Rebeka Birch at rebeka.birch@readingpublicmuseum.org or 610.371.5850 x258 if you have any questions.

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 needs or conditions (**check all that apply**):

<input type="checkbox"/>	Seasonal Allergies	<input type="checkbox"/>	Vision Difficulties	<input type="checkbox"/>	Sensory Processing
<input type="checkbox"/>	Medication Allergies	<input type="checkbox"/>	Hearing Difficulties	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Insect Sting Allergy	<input type="checkbox"/>	Physical Difficulties	<input type="checkbox"/>	Behavioral or Emotional
<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Other:
<input type="checkbox"/> Currently Has or Recently Transitioned From One-on-One Support					

If you checked anything above – PLEASE List necessary details here (attach extra if necessary):

We want your child to have the best experience possible; therefore, a camp educator 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 or if your child currently needs one-on-one or has recently been transitioned from one-on-one support, please arrange for a paraprofessional to accompany them and contact Rebeka Birch to discuss. 610.371.5850 x258 or 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, public relations material, social media posts, etc., 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)

FOR OFFICE USE ONLY:

I confirm that the information provided is correct and current (initial and date): _____

Behavior Expectation Policy:

At Museum Discovery Camp, we have high expectations for campers' ability to monitor their own behavior and strive to keep disciplinary actions to a minimum. Camp participants are expected to exhibit appropriate behavior at all times while at camp. In order to provide all campers and staff with a camp experience that is safe and enjoyable, the following guidelines have been developed. All campers must understand and follow the guidelines set forth.

Please read and initial:

If your child exhibits inappropriate, 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 is a guideline and 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 so that they are aware of the camp expectations.

I have read and understand the Behavior Expectation Policy and have reviewed it with my child, and I agree to comply with it and will respect the decisions made by The Reading Public Museum in a non-confrontational manner.

Please Initial: _____

Registration Information:

Museum Discovery Camp Full Day/Monday-Friday School Age Children (Entering Grades 1-5 in fall 2023)
Members:
Early Bird (March 1 – April 30): \$155/week/child
Full Price (May 1 – Close): \$180/week/child
Non-Members:
Early Bird (April 1 – April 30): \$185/week/child
Full Price (May 1 – Close): \$205/week/child
Reading School District Students:
Special Price (March 1 – Close): \$155/week/child

Advanced registration is required. Full payment and completion of this packet are due at registration. 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. You will receive a confirmation of reservation via email once payment has been received and processed. Please allow up to 10 business days for processing. *Your child's admittance is not guaranteed until you receive your confirmation via email.*

✓	Camp Week:	Time:	Fee (See Registration Information):
	June 12 – June 16 – <i>Mechanical Menagerie</i>	9 a.m. – 4 p.m.	
	June 19 – June 23 – <i>Seasons of Fun</i>	9 a.m. – 4 p.m.	
	June 26 – June 30 – <i>Mastering Mythology</i>	9 a.m. – 4 p.m.	
NO Camp July 3-7 – Happy Independence Day!			
	July 10 – July 14 – <i>Gadgets & Gizmos</i>	9 a.m. – 4 p.m.	
	July 17 – July 21 – <i>Adventures in Amazing Art</i>	9 a.m. – 4 p.m.	
	July 24 – July 28 – <i>Crazy Craft Camp</i>	9 a.m. – 4 p.m.	
	July 31 – August 4 – <i>Silly Science</i>	9 a.m. – 4 p.m.	
	August 7 – August 11 – <i>GLOBE Trotters</i>	9 a.m. – 4 p.m.	
	August 14 – August 18 – <i>The Coolest Camp Around</i>	9 a.m. – 4 p.m.	
		TOTAL DUE:	

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 <i>Reading Public Museum</i>)		Credit Card	
Credit Card Type	MC	VISA	DISCOVER	AMEX
Credit Card #				
CCV Code			Expiration Date	
Card Holder's Full Address				
Card Holder's Name (Please Print)				

*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
Subject: Summer Camp

Receipts only provided on request

FOR OFFICE USE ONLY

Parent Name:	Camper Name:
Phone:	Email:
Program Dates:	
#Regular Weeks @	TOTAL OWED
Processed by Finance Office on	by

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 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: _____

Please contact Rebeka Birch at 610.371.5850 x258 or at rebeka.birch@readingpublicmuseum.org if you have any questions.