



# 2025 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 2025:		Grade - Fall 2025:	
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: <b>*Family/Grandparent Membership Level or Higher ONLY*</b>		YES	NO
		If Yes, Name Membership is under:	
How did you hear about us?	RPM Website	RPM Publication	Social Media
			Repeat Camper
			Friend or Family
			Other (Please List)
<p><b>Please be advised:</b> All communication information will be sent via email to the <b>PRIMARY CONTACT</b>.  <i>* In case of emergency, we will attempt to contact via phone first and use the order as listed.</i></p>			
<b>Primary Contact</b>			
Parent/Guardian Name:			
Primary Contact Phone:		Primary Contact Email:	
Primary Contact Address (if different from camper):			
<b>Emergency Contact:</b>			
Emergency Contact Phone:		Emergency Contact Email:	
Emergency Contact Address (if different from camper):			

**\*Child Release Authorization and Additional Emergency Contacts *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 – Primary Contact & Emergency Contacts will be notified first\***

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

\*If the camper is involved in any parenting arrangements or alternative living situations that we should be aware of, please contact Rebeka Birch at [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org). This information will be kept strictly confidential and is only requested to assist us in providing the best experience for your camper.

## Medical Information:

Reading Public Museum's Museum 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 a 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. [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 at camp**? (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 the following:**

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 upon 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 this policy in a non-confrontational manner and will respect the decisions made by The Reading Public Museum.

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

## Registration Information:

### Museum Discovery Camp

Full Day/Monday-Friday

School Age Children (Entering Grades 1-5 in fall 2025)

### Member Pricing:

**Early Bird** (March 1 – April 30): \$165/week/child

**Full Price** (May 1 – Close): \$200/week/child

### Non-Member Pricing:

**Early Bird** (April 1 – April 30): \$240/week/child

**Full Price** (May 1 – Close): \$275/week/child

### Reading School District Student Pricing:

**Special Price** (March 1 – Close): \$165/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.**

### Refund Policy:

Cancellations by May 1 will be refunded full amount less \$25 cancellation fee.

Cancellations after May 1 will be refunded at the discretion of The Museum.

The Museum reserves the right to cancel sessions.

✓	Camp Week:	Time:	Fee (See Reg. Info):
	June 9 – June 13 – <i>Paws, Prints, &amp; Powers: The Ultimate Animal Adventure</i>	9am – 4pm	
	June 16 – June 20 – <i>Where in the World is Dr. Levi Mengel?</i>	9am – 4pm	
	June 23 – June 27 – <i>Our Magic Planet: Exploring the Wonders of Earth</i>	9am – 4pm	
<b>NO Camp June 30 – July 4 – Happy Independence Day!</b>			
	July 7 – July 11 – <i>Toytopia: FUN-ginering at its Finest!</i>	9am – 4pm	
	July 14 – July 18 – <i>Tides &amp; Traditions: Artistic Journey in Asia &amp; the Pacific</i>	9am – 4pm	
	July 21 – July 25 – <i>Wilderness Wonders: Nature Awaits!</i>	9am – 4pm	
	July 28 – August 1 – <i>Beyond the Canvas: Science, Art, &amp; Illusion Unite!</i>	9am – 4pm	
	August 4 – August 8 – <i>The Mad Scientist Lab</i>	9am – 4pm	
	August 11 – August 15 – <i>Falling for Fall: Exploring the Season of Change</i>	9am – 4pm	
	August 18 – August 22 – <i>Design Masters: Crafting the Future</i> <i>*please verify your school district's start date BEFORE registering for this camp!</i>	9am – 4pm	
	Add Family Membership – valid 1 year (only for non-members) @ \$75.00		
		<b>TOTAL DUE:</b>	

## Payment

*Your child's admittance is not guaranteed until you receive your confirmation via email. See Refund Policy.*

<b>Payment Type:</b>	Credit Card	Enclosed/Mailed Check (made payable to <i>Reading Public Museum</i> )		Pay Over Phone
<b>Credit Card Type:</b>	MC	VISA	DISCOVER	AMEX
<b>Credit Card #:</b>				
<b>CCV Code:</b>		<b>Expiration Date:</b>		
<b>Card Holder's FULL Billing Address:</b>				
<b>Card Holder's Name (Please Print):</b>				

Signature/Electronic Signature: \_\_\_\_\_

Forms and/or Payment can be emailed or mailed to the following (**email is preferable**):

- Email: [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org) Subject: Summer Camp
- Mail: Reading Public Museum, Attn: Summer Camp, 500 Museum Road, Reading, PA 19611

***Your confirmation serves as your receipt unless otherwise stated.***

### FOR OFFICE USE ONLY

<b>Parent Name:</b>	<b>Camper Name:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Program Dates:</b>	
<b># Weeks @</b>	<b>TOTAL OWED</b>
<b>Processed by Finance Office on</b>	<b>by</b>

## 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/or 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 (including social media) 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 any refunds are at the sole discretion of the Reading Public Museum and are not guaranteed.

**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 [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org) if you have any questions.