

MUSEUM DISCOVERY CAMP 2018 REGISTRATION

Advanced registration is required. Full payment and medical form are due with registration. Please fill out a different form for each child. Registration closes the Monday prior to the start of each camp. Camp fees are non-refundable. We reserve the right to cancel a class due to low enrollment; in this case a full refund will be issued. Upon receipt of this form you will receive an email confirmation. For questions regarding the form, please contact Coleen Mikucki at 610.371.5850 x 227.

Children of all abilities are welcome. To provide for the needs of your child please include the necessary information on the medical form. We want to ensure all campers have the best experience possible by having adequate staff and assistance for all attending. We will make every effort to accommodate your child.

Parent's N	Name:		Phone:	
Address,	City, Sate, Zip:			
Email:			Museum Member?	
Child's Name:			Grade in fall 2018:	
Members	\$175 per child per week	Non-Members	\$200 per child per week	
195 per child per week of 16 day pro k Camp		\$100 per child per week of 16 day pre-k Camp		

Mini Museum Explorer camp - \$20 per day per child OR \$10 per session a.m. or p.m. per child

/	Camp Week	Time	Class Fee \$175/\$200 \$20/\$25
	July 9-13 Carnival Camp	9:00-4:00	
	July 16-20 Our Magic Planet	9:00-4:00	
	July 23-27 Arty Party All Week Long	9:00-4:00	
	July 30- Aug 3 Silly Science II: Revenge of the Slime	9:00-4:00	
	Aug 6-10 Build 'n Thrill	9:00-4:00	
	Aug 13-17 Where in the World	9:00-4:00	
	Aug 20-24 Full STEAM Ahead Pre-K only	9:00-12:00	
	Aug 27-31 Fairytales, Myths & Legends Pre-K only	9:00-12:00	
	I would like mini museum explorer camp in the morning	Drop off between 8:00 and 8:45 a.m.	M T W TH
	I would like mini museum explorer camp in the afternoon (Not available on Friday)	Pick-up between 4:15 and 5:00p.m.	M T W TH
	TOTAL:		

Payment	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	cum for Click or tap here to enter text. amount.
\square Please bill my \square Visa $/\square$ MC/ \square AmExp/ \square D	iscover
Card# Exp.	Security Code
Signature:	
Mail this completed form with full payment to:	Reading Public Museum Attn: Summer Camp 500 Museum Road Reading, PA 19611
Contact: by phone call Coleen at 610.371.5850 ext 227	OR Education at 610.371.5850 ext 258

July 9-13 Carnival Camp

Get ready to go to the Carnival! Visit the exhibition *Coney Island: Visions of an American Dreamland*, and create your own carnival to show-off to your friends and family. With games, crafts, and lots of fun, this is sure to be a thrill-ride of a week at camp.

by email coleen.mikucki@readingpublicmuseum.org OR education@readingpublicmuseum.org

July 16-20 Our Magic Planet

Explore different cultures found all over the world, what our very Earth is made of, and all about our solar system in this fantastic week at Discovery Camp. Enjoy the *Alien Worlds and Androids* exhibition, Animal Habitats Gallery, Neag Planetarium, make everything from Galaxy Dough to Geology Slime and even learn how penguins stay dry!

July 23-27 Arty Party All Week Long

Put on your smock, this week we are all about different kinds of art. From painting to sculpture, we try to cover it all. Make your own masterpieces each day to take home!

July 30-August 3 Silly Science II

It's revenge of the Slime! Learn all about science, get a bit messy, and have a whole lot of fun.

August 6-10 Build 'n Thrill

Camp is the perfect time to build, build, build! Create your own cars, boats and planes, and even a ferris wheel! Learn how strong spaghetti is, and the many uses of balloons in building.

August 13-17 Where in the World?

It's time to take a trip around the world! Learn about the Museum's unique collections from all around the world, and start your own collection with the things you make every day ranging from Ethiopian weaving to medieval crowns. Get ready to make a passport on the first day—we have lots of exploring to do!

NEW! August 20-24 Full STEAM

½ day PreK (Child must be potty trained)

Come join us for a week full of Science, Technology, Engineering, Art and Mathematics! Explore everything from water to dinosaurs, with some science fiction and games along the way.

NEW! August 27-31 Fairytales, Myths and Legends

½ day PreK (child must be potty trained)

Ever wonder about that favorite story you read as a child? Discover where fairytales, myths and legends come from, explore your favorites, and even create your own!

NEW! Before and After Camp Mini Explorer Camp

For children who want their camp experience to last longer each day, The Reading Public Museum is now offering minicamps where your child can arrive to camp early or stay late to sneak preview exhibits and planetarium shows, have hands on fun, and let their imaginations run wild!

The Reading Public Museum 2018 MEDICAL FORM & PHOTO PERMISSION FORM

Address City	Child's name				Age
Finergency Contact Information & Authorized Pick-tip Personsis other than listed above Only Unice listed will be aboved to sign out your child. Proper ID must be shown) Name	Address	City		Zip	Phone
Emergency Contact Information & Authorized Pick-Up Persones) other than listed above (Only those listed will be allowed to sign out your child. Proper ID must be shown) Name	Mother/Guardian's Name		Phone:		
Emergency Contact Information & Authorized Pick-tip Persons's other than lated oblove (Only those lated will be allowed to sign out your child. Proper ID must be shown) Name	Father/Guardian's Name		Phone:		
Name	Physician's Name		Phone:		
Name	Emergency C (Only thos	ontact Information & se listed will be allowed	Authorized Pick-Up Pe d to sign out your child	e rson(s) <i>other the</i> . Proper ID must	an listed above be shown)
Name	Name	Phone		Relationship	
Name	Name	Phone		Relationship	
Does your child have any of the following (check all that apply) Seasonal allergies Seasonal allergies Proof allergies (please list below) Insert sting allergy (please list below) Asthma Hearing difficulties (please list below) Other (Sensory, physical or emotional needs-please list below) Is your child on any medications (including school year meds)? Yes No If yes, please list No If yes, please list name of medication, dosage and time to administer: ALL medications must be in the original container and accompanied by a physician note or they will not be administered. Parent Agreement As the legal parent/guardian, I hereby authorize the above named child to be treated by a licensed medical professional in the event of a medical emergent in such an event. Lagree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date	Name	Phone		Relationship	
Seasonal allergies Epilepsy A TSS or aide will be accompanying my child to camp	Name	Phone		Relationship	
Medication allergies (please list below) Diabetes	Does your child have any of the following (check	all that apply)			
Medication allergies (please list below) Diabetes	Seasonal allergies		Epilepsy	A TS	1 , 3 ,
Asthma — Hearing difficulties (please list below) Other (Sensory, physical or emotional needs-please list below)	Medication allergies (please list below	·)	Diabetes		то сатр
Asthma — Hearing difficulties (please list below) Other (Sensory, physical or emotional needs-please list below)	Food allergies (please list below)		Insect sting allergy	(please list belov	v)
Sour child on any medications (including school year meds)? Yes No	——— Asthma		 Hearing difficulties 	(please list below	w)
Is your child on any medications (including school year meds)? Yes No If yes, please list: Will your child need to receive medication while here? (including EpiPens) Yes No If yes, please list name of medication, dosage and time to administer: ALL medications must be in the original container and accompanied by a physician note or they will not be administered. Parent Agreement As the legal parent/guardian, I hereby authorize the Foundation for the Reading Museum to administer first aid to my child for minor injuries (scrapes, cu or other minor first aid). As the legal parent/guardian, I hereby authorize the above named child to be treated by a licensed medical professional in the event of a medical emergent This authorization is only in the event that reasonable and unsuccessful effort has been made to contact me. I assume responsibility for medical expenses occurred in such an event. I agree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above.		noods plages list hale	Ü	4	.,
Will your child need to receive medication while here? (including EpiPens) Yes No If yes, please list name of medication, dosage and time to administer: ALL medications must be in the original container and accompanied by a physician note or they will not be administered. Parent Agreement As the legal parent/guardian, I hereby authorize the Foundation for the Reading Museum to administer first aid to my child for minor injuries (scrapes, cur or other minor first aid). As the legal parent/guardian, I hereby authorize the above named child to be treated by a licensed medical professional in the event of a medical emergent. This authorization is only in the event that reasonable and unsuccessful effort has been made to contact me. I assume responsibility for medical expenses occurred in such an event. I agree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date	other (othod), physical of emotional	needs predse not serv	,		
As the legal parent/guardian, I hereby authorize the Foundation for the Reading Museum to administer first aid to my child for minor injuries (scrapes, cur or other minor first aid). As the legal parent/guardian, I hereby authorize the above named child to be treated by a licensed medical professional in the event of a medical emergent. This authorization is only in the event that reasonable and unsuccessful effort has been made to contact me. I assume responsibility for medical expenses occurred in such an event. I agree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date	If yes, please list name of medication, dosage and				container and accompanied by a physician's
or other minor first aid). As the legal parent/guardian, I hereby authorize the above named child to be treated by a licensed medical professional in the event of a medical emergence. This authorization is only in the event that reasonable and unsuccessful effort has been made to contact me. I assume responsibility for medical expenses occurred in such an event. I agree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date)	Parent Agreement		
This authorization is only in the event that reasonable and unsuccessful effort has been made to contact me. I assume responsibility for medical expenses occurred in such an event. I agree that the Foundation for the Reading Public Museum will not be held responsible in the occurrence of accidental injury or for the loss of property arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date		the Foundation for th	e Reading Museum to a	dminister first a	id to my child for minor injuries (scrapes, cuts
arising from my child's participation in this event. Should my child appear in photographs taken during general participation, I hereby grant permission for my child to appear in promotional material relate to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date	This authorization is only in the event that rease				
to the Foundation for the Reading Museum programming. I have read and understand all the information above. Printed Name Date			held responsible in the	occurrence of a	ccidental injury or for the loss of property
		ramming.		-	child to appear in promotional material related
	Printed Name			Date	e