KOHL CHILDREN'S MUSEUM

THE PLACE WHERE AWESOME LIVES

~IN YOUR SCHOOL~

FIELD TRIP 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 (ON SITE)	**POSITION**
SCHOOL OR ORGANIZATION	
ADDRESS	**CITY/STATE/ZIP**
DAYTIME PHONE	**E-MAIL**
NAME OF PERSON FILLING OUT THIS FORM *(if different from above)*	

Program Preferences

TIME
- ◯ 9:45–11:15 a.m.
- ◯ 10:45 a.m.–12:15 p.m.
- ◯ 1:30–3 p.m.
- ◯ 10–11:30 a.m.
- ◯ 11 a.m.–12:30 p.m.
- ◯ Other _____

***Please Note:** Educators require 30-45 minutes to set up. Room needs to be available during this time.*

AGE OF CHILDREN ◯ 2- 3 ◯ 3-4 ◯ 5-6 ◯ 7-8

DATE ***(FIRST CHOICE)*** ***(SECOND CHOICE)*** ***(THIRD CHOICE)***

WORKSHOP TOPIC ***(FIRST CHOICE)***

(SECOND CHOICE)

SPECIAL REQUESTS/ADDITIONAL INFO *(ie: Spanish Speaking Educator, Special Needs)*

Program Details

LOCATION WHERE EDUCATORS CAN UNLOAD SUPPLIES:
LOCATION WHERE EDUCATORS CAN PARK:
ENTRY LOCATION:
WHERE WILL THE EXPERIENCE TAKE PLACE? *(ie: classroom, gym, ...)*
RESOURCES IN WORKSHOP LOCATION: *Please check all available* ◯ Tables, *Qty*____ ◯ Outlets, *Qty*____ ◯ Water Source, *Qty*____

Trip Cost

NUMBER OF CHILDREN:_____ (max. 25 children)	◯ $250 (0-10 miles) ◯ $275 (11-20 miles) ◯ $300 (21-25 miles)	
ADDITIONAL SESSION *(same day/ location) # of children:*_____ *(max. 25 children)*	@ $200 =	
	TOTAL DUE =	$ 0.00

Payment Method

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:

Expiration Date: 2 0

☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Completed by: _____

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

Please submit form to fieldtrips@kcmgc.org

Kohl Children's Museum • 2100 Patriot Boulevard • Glenview, IL 60026 • (847) 832-6923 f: (847) 724-6469

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