

Wilbraham Children's Museum
Playgroup Registration Form ~ 2011 – 2012

Attending Parent/Guardian Name: _____

Address: _____

City, State, Zipcode: _____

Telephone (Home): _____ (Cell): _____

E-Mail: _____

Please be sure to list all children that will be coming with you as well as pending births. Due to occupancy regulations admission is limited and based on a first come, first serve basis.

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Please mark choices as 1st, 2nd, 3rd, and 4th.

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|------------|--|------------|--------------|------------|--|------------|-----------------|------------|--|
| 9:30a-11a | | 9:30a-11a | Public Hours | 9:30a-11a | | 9:30a-11a | Baby Group (<2) | 9:30a-11a | |
| 11a-12:30p | | 11a-12:30p | | 11a-12:30p | | 11a-12:30p | | 11a-12:30p | |
| 4p-5:30p | | 4p-5:30p | | 4p-5:30p | | 4p-5:30p | | | |

Members choosing to remain in the same group have until July 1st to turn in Registration Forms and pay the \$30 Registration Fee. After July 1st the groups will open up to the public. You will be contacted in August by the Playgroup Coordinator as to which day and time you were placed.

Yearly Registration Fee: \$30 per household (required of all members)

Session Fees: \$24-\$30 per 1 child, \$44 for 2 children, \$65 for 3 children

Money is collected by the Playgroup Leader/Co-Leader on the FIRST DAY OF EACH SESSION

Send Registration Form and \$30 Registration Fee to:
(Cash accepted and Checks made payable to
Wilbraham Children's Museum)

Wilbraham Children's Museum
Attn: Playgroup Coordinator
PO Box 522
Wilbraham, MA 01095
(413) 596-2472

(Registration Fee is non-refundable)

Any questions please contact the Playgroup Coordinator:

playgroup@wilbrahamchildrensmuseum.org

If you are interested in becoming a Playgroup Leader please check below. Current leaders who switch groups have preference if there is a vacant slot. **Playgroup Leaders and Volunteers do not have to pay the session fees for the first child. If there is another child they will have to pay full amount for their second child.**

Please note that a group CANNOT be started if there is not a designated leader

Yes, I would be interested in becoming a leader: _____ No, not at this time: _____

By signing and filling out this form you agree to pay all fees when they are due and understand the policies of the Wilbraham Children's Museum.

Name: _____ Date: _____

FOR MUSEUM USE ONLY:

| Reg. Fee | Session Fee (please write Check #) | | | | Vol/Leader | Group |
|------------------------|------------------------------------|----|----|----|------------|-------|
| (please write check #) | S1 | S2 | S3 | S4 | | |
| | | | | | | |