



# 2026 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 2026:						Grade - Fall 2026:			
<b>Child's FULL Address</b> (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			
<p><b>Please be advised:</b> All communication information will be sent via email to the <b>PRIMARY CONTACT ONLY</b>, unless noted.            * In case of emergency, we will attempt to contact via phone first and use the order as listed.</p>									
<b>Primary Contact</b> <b>*MUST be a legal guardian</b> Parent/Guardian Name:						Relationship to Child:			
Primary Contact Phone:					Primary Contact Email:				
Primary Contact Address (if different from camper):									
<b>Secondary Contact</b>									
Name:						Relationship to Child:			
Secondary Contact Phone:					Secondary Contact Email:				
Secondary Contact Address (if different from camper):									
<b>Please indicate if secondary contact should receive all communication emails in addition to primary contact:</b>						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 (selecting this option will NOT affect your child's ability to attend camp)

## Child Release Authorization and Additional Emergency Contacts:

(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 & Secondary Contacts will be notified first\***

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

If a child with a custody arrangement will be at camp, please inform us in writing of any custody considerations so we can ensure the pickup and authorization procedures reflect the arrangement.

If there is another parent or legal guardian involved in your child's care, please share their name and email so we can include them in important updates.

Please note: anyone listed will receive ALL camp communications along with the Primary contact.

Name:		Email:		Relationship:	
Name:		Email:		Relationship:	

## 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: \_\_\_\_\_

## 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 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

## Registration Information:

**All campers must be preregistered. Registration closes the Monday prior to the start of the camp week. Registration forms will be processed in the order in which they are received, please allow 2 weeks for processing.**

**After your registration form is processed, you will receive an email indicating which camp week(s) are being held for you. The email will include an invoice and payment link to complete your reservation. Payment must be received within 1 week or your space will be released.**

**Your invoice AND payment receipt will also be your confirmation of your child's camp enrollment.**

**Reservations and payments by check that are sent through USPS may be delayed, which could result in a camp week being sold out prior to receiving your registration.**

**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.

Museum Discovery Camp Fees:	
<b>Member Pricing:</b>	
Early Bird (March 1 – April 30): \$165/week/child	
Full Price (May 1 – Close): \$200/week/child	
<b>Non-Member Pricing:</b>	
Early Bird (April 1 – April 30): \$240/week/child	
Full Price (May 1 – Close): \$275/week/child	
<b>Reading School District Student Pricing:</b>	
Special Price (March 1 – Close): \$165/week/child	

✓	Camp Week:	Time:	Fee:
	June 8 – June 12 – <i>Wildlife Wonders</i>	9am – 4pm	
	June 15 – June 19 – <i>Masterpiece Makers</i>	9am – 4pm	
	June 22 – June 26 – <i>Chemical Curiosity</i>	9am – 4pm	
	June 29 – July 3 – <i>Global Getaway</i>	9am – 4pm	
<b>NO Camp July 6 – July 10 – Happy Independence Day!</b>			
	July 13 – July 17 – <i>Nature Detectives</i>	9am – 4pm	
	July 20 – July 24 – <i>Maker Mania</i>	9am – 4pm	
	July 27 – July 31 – <i>Art Explorers</i>	9am – 4pm	
	August 3 – August 7 – <i>Space Voyagers</i>	9am – 4pm	
	August 10 – August 14 – <i>Ancient Adventures</i>	9am – 4pm	
	August 17 – August 21 – <i>Science Sleuths</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><i>If adding a membership – please fill out the name of the second adult that you wish to appear on the membership:</i></b>  <div style="background-color: yellow; display: inline-block; padding: 2px;">Second Adult Member Name:</div> _____		
		<b>TOTAL DUE:</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 <u>relevant</u> conditions and custody agreements 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.