



Select the day(s) you would like to register for:

☐  
**Wednesday**  
12/3

☐  
**Thursday**  
12/4

☐  
**Friday**  
12/5

☐  
**Saturday**  
12/6

☐  
**Sunday**  
12/7

(1) Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

(2) Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

(3) Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

(4) Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Mobile Phone\*: \_\_\_\_\_

*\*You must have a mobile telephone in order to drop off your child. In the event of an emergency, staff or emergency workers will need a way to get in touch with you.*

Email Address: \_\_\_\_\_

Please list any allergies that your child(ren) have. If you are registering multiple children, please indicate which children have the allergies:

Does your child(ren) currently take any medication? If yes, please provide details including the name of the medication, dosage, and time(s) it is typically taken:

**Please note:** Staff and volunteers of Miami Children's Museum are not authorized to administer medication. Parents/guardians are responsible for administering any necessary medication during the program.

Who may we contact in the event of an emergency, other than you?

Name: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Please list the names of all the people authorized to pick up your child from the **artkids room**. Museum staff will request a photo of anyone picking up a child from the program: \_\_\_\_\_

In the event of an extreme medical emergency, Miami Children's Museum will contact emergency medical personnel. Based on their assessment, your child may be transported to a local hospital to receive further medical attention.

The Miami Children's Museum, Inc. is an independent provider of services and is not affiliated with Art Basel U.S. Corp. Art Basel U.S. Corp makes no representations regarding, and is not responsible for, the services provided by The Miami Children's Museum, Inc., and may not be held liable for such services.

**Read the following statements, then initial in the boxes:**

☐ I understand that my child must be at least 5 years old and fully potty-trained to participate in drop-off ArtKids programming. I understand that staff cannot assist with toileting or personal hygiene and that I (or an authorized caregiver) will be contacted if my child requires help during the 3-hour session.

☐ I, including my spouse, child/children/other members of my family and heirs – release and hold harmless Miami Children's Museum, its employees, volunteers, board members, officers and related parties from all liability for lost or stolen personal items, injuries or losses as a result of attending and/or participating in any class, program, tour or other function of the Museum whether on-site, off-site or in transit.

☐ I authorize the Miami Children's Museum to take photographs of my child/children for marketing purposes. I give permissions for pictures of my child/children to be used in the museum's printed materials, including advertisements, brochures, flyers, and websites.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, call 305.373.KIDS (5437) or visit [miamichildrensmuseum.org](http://miamichildrensmuseum.org).

Please send completed registration form to [dpinon@miamichildrensmuseum.org](mailto:dpinon@miamichildrensmuseum.org), attn. Art Basel Registration.

Upon receipt of registration form, we will send you a confirmation via email (if address is provided).