FORT COLLINS MUSEUM OF DISCOVERY

SUMMER CAMPS AT FCMOD SCHOLARSHIP APPLICATION

The Fort Collins Museum of Discovery has received grants to provide a limited number of student scholarships for summer programs for children who qualify based on financial need. To apply for a scholarship, this form should be completed by the child's parent or guardian, or referring agency, and submitted with a completed registration form. Applicants will be notified about eligibility and participation by phone and email. Information will be held confidential.

Student Information

Participant Name: _____ Preferred Pronoun: _____

Child's legal guardian: _____

Email: _____ Phone: _____

Address: _____

Name of program your child would like to attend: _____

Week: _____

Does your child or family qualify for a Colorado Peak program or other public assistance program?
(Quest card, Health First Colorado, unemployment subsidy, or school nutrition program, such as Free or Reduced rate meal programs.)

☐ Yes ☐ No

If No, please support your request for a scholarship in your own words.

_____

_____

How did you hear about the scholarship program? (circle one)

Website Friend Museum staff Child's school: Referred from an agency:

Please Read and Sign

I understand that tuition scholarship opportunities are limited. If my child is awarded one, I will ensure that they attend the camp. Cancellations must be made two weeks prior to the start of the camp. If my child does not attend and I do not cancel within the appropriate time, I will not be eligible for a tuition waiver in the future.

Signature _____ Date _____

Return completed form to Fort Collins Museum of Discovery, Education Department 408 Mason Court, Fort Collins, CO 80524.
If you have any questions, please contact us at (970)416-2705.

Scholarships made possible through the support of generous donors in our community.

FORT COLLINS MUSEUM OF DISCOVERY

REGISTRATION FORM

A registration form must be on file before you can leave your child in the supervision of FCMoD staff. It will be valid for 90 days from the date signed.

Program Name: _____

Program Date: _____

Student Information

If all students have the same contact information, you may list them together in this form.
If any allergies, medical conditions, or other comments are listed, please note to which student they apply.

Student's Name: _____ Preferred Pronoun: _____ Age (by date of program): _____

Parents/Guardian Name(s): _____

Email: _____ Phone: _____

Allergies/Medical Conditions: _____

Other comments or information for Program Teacher (including any special learning or mobility needs):

_____

_____

Contact Information

Please list the names and phone numbers of adults who we should contact, if any problems arise with your student during the program.

Primary Contact (Parent/Guardian): _____ Phone: _____

Secondary Contact (Parent/Guardian): _____ Phone: _____

Alternate Contact: _____ Phone: _____

Alternative Departure

Please list anyone who you authorize to pick up your child(ren) in addition to the adult guardians listed above. All adults must present a photo ID at pick-up.

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release and Waiver

Photo Release:
I give my permission, for myself and/or my child to be photographed/videotaped during participation in the Fort Collins Museum of Discovery programs, camps or activities and for that photograph or video image to be used for the purpose of promoting Fort Collins Museum of Discovery (FCMoD) programs and events including, but not limited to, publication in brochures, newsletters, website, staff training, and grant projects. I understand that such photographs or videos remain the property of the Fort Collins Museum of Discovery.

☐ Yes, I give my permission ☐ No, I do not give my permission

By signing below, you agree to the following:
On behalf of the above-named participant, I assume all risks of participating in this activity or event. I hereby waive, release, and discharge the Fort Collins Museum of Discovery (FCMoD) from any and all liability, including but not limited to personal injury, property damage, property theft, or actions of any kind which may hereafter occur to the above-named participant by participating in this program.

In the event of serious illness or injury, I hereby give permission to the FCMoD staff to secure emergency medical care for the above-named participant, and agree to pay for any incurred expenses. I give permission to the FCMoD staff to secure transportation (via ambulance) for the participant to the doctor or hospital and I release the FCMoD from responsibility in connection with such emergency medical attention.

Signature: _____ Date: _____

FORT COLLINS MUSEUM OF DISCOVERY

SUMMER CAMPS AT FCMOD SNACK AND LUNCH INFORMATION

Half-day camp sessions

Half-day camp sessions located at FCMoD will run from 9:00am-12:00pm or 1:00pm-4:00pm (as indicated -Dome and Zombie Camp times are 9:00am-12:30pm).

Dual Registration

If students are registered for a morning and afternoon half-day camp session in the same week, the museum will provide care from 12:00pm-1:00pm between the camp sessions at no additional charge. Students should bring their own lunch. The museum will provide two snacks for students each day.

Courtyard Camps

All courtyard camp sessions will run from 9:00am-12:30pm. Students should bring their own lunch. The museum will provide a snack for students each day.

As outlined above, FCMoD will provide prepared and packaged snacks from a licensed facility inspected annually by a governing public health agency, however we cannot guarantee that the food provided is free of allergens.

Child's Name:_____

___ Yes, provide my child with snacks

___ No, do not provide my child with snacks

Signature: _____ Date:_____