



Hello Teachers, Caregivers and Friends of the Museum,

With groups of 15 or more we need to enforce the following guidelines during business hours, in order to ensure a manageable and enriching visit for your students.

KidZone Museum allows school groups from pre-school to Kindergarten which are on our age range 0-5 year old.

Group Teacher/Administrator Procedures:

- **ALL children need waivers filled out before visiting.**
- **There must be at least one parent/adult supervising for every 6 children.**
- Teachers must discuss rules and museum policies with volunteers and staff prior to visiting the museum.
- Teachers must discuss rules and museum policies with their students prior to visiting the museum.
- Divide your group into three. Have one group do an art project in the art room while the other two groups play in the rotating exhibit area and the play structure. Rotate the groups in and out of the art room – one group at a time.
- Paperwork must be filled out and returned prior to your visit or the same day of your visit.
- The Group must be complete in order to check in and must check out at the same time all together.

Adults need to supervise these areas at all times:

- Art Room
- Motor Skills Area
- Exhibit Area
- Bathrooms

Art supplies are available for your use in the art room. We recommend that you plan a specific art activity in advance. You can come to KidZone Museum to explore our supply cabinet at anytime! Our hours vary so please check kidzonemuseum.org for information.

Please review the clean-up procedures

Questions? Call us at 530.587.KIDS(5437) or info@kidzonemuseum.org . You can see our website for more information www.kidzonemuseum.org

See you soon!

The Staff at KidZone Museum

- Local children are \$4 each, Non-locals \$5 each and adults are free for a **two-hour visit**.
- **If you need us to have additional staff because you do not have enough adults, please call us.**
- Group visits upon availability during the week (Tuesday- Friday). During slow season check for availability on the weekends.
- You can request a KidZone teacher who will provide art or science fun for an additional fee of \$80.



Groups Checklist

Complete and drop off all documents including this completed checklist to the Museum prior to your visit.

- Group Contact Sheet
- Signed Memorandum of Understanding
- Liability Waivers- Waivers have been completed by each child's guardian prior to visit.
- Payment (if applicable)
- I have read and understand the Museum policies on supervision, behavior and cleaning

Signature: _____

Group: _____

Date: _____

We will visit on (date & time): _____

11711 Donner Pass Road Truckee CA 96161
530.587.KIDS (5437)
www.KidZoneMuseum.org



Group Contact Information

Day and time of facility use _____

Organization Name _____

Contact Person: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Mailing Address: _____

Is your organization a non-profit? yes no

For Staff Use: Staff Initials: _____

Date added to Google Calendar: _____



Policies and Procedures for Groups

1. **Supervision** of children for the duration of your visit is **MANDATORY**.
2. **Children must be supervised in the restroom**, and restroom must be checked and tidy before leaving the museum.
3. **No cell phone** use while supervising children.
4. **Actively engage with children** in their learning when you see the opportunity. Help them use materials appropriately if needed. Clean up all paints, brushes, counter and tables after use in the art room.
5. **Have children pick up** and put exhibit items back in their place 15 minutes prior to getting ready to depart. This includes the outdoor area as well as indoors.
6. **Modify behavior of children** you are supervising who are fighting, screaming, running, playing in the toddler area, and any other type of destructive behavior. Schools and groups will be charged for items that break due to negligence and lack of supervision.
7. All children under 18 **must have a liability waiver** signed by a parent or guardian before using the facility. This includes infants.
8. There is absolutely **NO RUNNING** in the building. Skipping is ok.
9. Shoes must be left in the cubbies in the front entrance.
10. Please **tidy up** after yourself/child/group as you move from one area to the next within the building.
11. **No gum** in the building!
12. Food and drink in the Science Room or Outdoor Nature Area only.
13. **Infants only in the Baby Zone**, located behind the Play Structure. No other children in this area please.
14. **No bubbles or balloons**. Deflated balloons are a choking hazard for infants.
15. **Respect this facility** and treat it as you would your own home. It belongs to all of us so let's make sure it is ready for others to play, explore, discover and learn! Groups who consistently fail to respect museum rules and policies, will not be invited back to play at the museum.

THANK YOU and most importantly HAVE FUN!!



Memorandum of Understanding Visiting Groups

Date _____

We _____ will be visiting the KidZone Museum on _____.
(Group name) (Date(s) and time)

We promise to watch our children at all times and make sure they are playing safely and nicely while we are at KidZone Museum. We will tell them not to run, and we will help them clean up when we are ready to leave and make sure that the Museum is as clean as when we arrived. Of course we will make sure we leave the bathroom as clean as we found it!

We have these rules and procedures to ensure children are safe and that groups can enjoy a learning experience as well as other children and families who are visiting the museum. Please be respectful of our staff, of families and the children we all serve by adhering to these policies.

As the group leader, I take responsibility for my groups safety and in the event of a medical emergency, I will call 911. I understand that if the KidZone Museum staff has to clean up after us, I will be charged a \$50 cleaning fee.

Teacher/ Administrator Agreement

I _____ understand the rules and policies of KidZone Museum and will make sure to follow them and train staff/volunteers and discuss with students prior to visiting.

Signature _____ Date _____

Thanks for your visit!!

- All Children who play at the KidZone need a liability waiver filled out by a parent **before visiting**.
- Attached is a list a list of our cleaning expectations and rules of any group who visits the KidZone Museum. If the museum is not clean when you arrive please fill out a report at the front desk or speak with our Operations Director.

Thank you.



Cleaning Check List for Visiting Groups

Picking up for your group should take 15 minutes before you leave and helps us be prepared for other visitors. Thank you!

(If you have a party that has left the garbage cans full, please help us out by taking the garbage out to the front entry of the Museum. New bags are in the bottom of the trash can).

Art Room

- Tables are clean
- Art supplies are put away
- Art projects are taken home

Exhibit Area

- All items are put in their correct location.
- Costumes are correctly placed in the Costumes BOXES/BASKETS.
- Puppets on rack.
- Fruits & food items in house.
- Books on the baskets
- Magna-tiles, Legos & little wooden blocks in proper baskets.

BabyZone and Motor Skill Area

- **BabyZone is for babies up to 18 months and their caregivers only.** We want to keep this area clean and in good shape for our families with young children so no big kids please.
- Make sure the baby books are placed back in the small book container.
- Trains get placed on the train board.
- Look under the table and inside the play structures for items kids may have “hidden”.
- Soft shapes need to be placed together in a pile out of the way of the side door.
- Blocks need to be put in their shelves. Search the area around the play structure for any pieces.

Reading Areas

Books need to be on the bookshelf.

Bathrooms

Toilets need to be flushed.

Floors need to be free of paper towel “droppings” please.

Front Hall

Take all your artwork home and pick up your belongings!

Thank you for your help!

*** After hour visitors should vacuum as necessary.**



Museum Admission Form & Waiver (We do not share information.)

Last Name/First (Adult signing this document)

Mailing Address: _____ zip _____

Phone: _____ **email:** _____

Child's Name: _____ **Birth date:** _____ **Gender:** _____

Child's Name: _____ **Birth date:** _____ **Gender:** _____

Child's Name: _____ **Birth date:** _____ **Gender:** _____

Child's Name: _____ **Birth date:** _____ **Gender:** _____

Ethnicity: _____ Primary Language: _____

(We need this information so we can continue to receive grant support)

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) while they play at the Museum. I give The KidZone Museum permission to use any such photos for advertising or in promotional materials.

Parent/Guardian **Signature** _____ Date _____

WAIVER OF CLAIMS & INDEMNITY ANNUAL AGREEMENT

I am aware of the nature of the activitie(s) for which my child(ren) is participating in at the Sierra Nevada Children's Museum (dba) KidZone Museum, and understand that accidents and injuries may occur as a result of participation in said activitie(s). Knowing that risk, and in consideration for my child(ren) being permitted to participate, I hereby agree to make certain that my child(ren) is supervised by an adult at all times, complies with all of the Museum rules and policies and assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance "KidZone Museum," its officers, employees and agents from any and all liability for personal injury, death, or property damage which I or my child(ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of "KidZone Museum" or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk is to be binding upon me and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE KIDZONE MUSEUM AND ME, AND I SIGN IT OF MY FREE WILL.

Parent/Guardian **Signature** _____

Date _____



Formulario de Admisión Anual y Renuncia de Reclamo del KidZone Museum. (No divulgamos información)

Apellido de la Familia

Dirección: _____ Código Postal _____ Ciudad: _____

Teléfono: _____ email: _____

Nombre y Apellido de la madre:

Nombre y Apellido del padre

Nombre del niño: _____	Fecha de nacimiento: ____/____/____	Femenino	Masculino
Nombre del niño: _____	Fecha de nacimiento: ____/____/____	Femenino	Masculino
Nombre del niño: _____	Fecha de nacimiento: ____/____/____	Femenino	Masculino
Nombre del niño: _____	Fecha de nacimiento: ____/____/____	Femenino	Masculino

Idioma principal: _____

PERMISO PARA FOTOS

Tengo entendido de que fotos pueden ser tomadas de mi hijo(s) durante programas y clases. Le doy al Kidzone Museum permiso de usar las fotos para publicidad o en material promocional.

➤ Firma de Padre /Tutor _____ Fecha _____

RENUNCIA DE DEMANDAS Y DEL ACUERDO DE LA INDEMNIDAD

Tengo conocimiento de la naturaleza de las actividades en las cuales mi niño estará participando en el Kidzone, en el Bus que el KidZone provee y en los lugares a los que el programa Outreach nos lleva. Entiendo que accidentes y lesiones pueden ocurrir como resultado de la participación en dichas actividades. Sabiendo, el riesgo, y en consideración de que mi niño participe, conociendo y estando de acuerdo con las reglas y pólizas del Museo Kidzone, asumo toda responsabilidad relacionada con la participación. Renuncio a cualquier reclamo en contra, y estoy de acuerdo en liberar por anticipado a "KidZone Museum" y sus oficiales, empleados y agentes de cualquier y toda responsabilidad por lesiones personales, muerte o daño a propiedad que yo o mi niño podamos tener, o que puedan ocurrir después como resultado de tal participación, o por negligencia de los empleados o descuido. Estoy de acuerdo en la renuncia, los libero de responsabilidad y asumo el riesgo aplicado a mí y a mis hijos, herederos y asignados. También acuerdo por este medio indemnizar y sostener a la entidad y a las personas mencionadas sobre inofensivo contra todas las demandas, daños, pérdidas y costos, los honorarios de los abogados, que pueden incurrir como resultado de la participación de mis niños en el/ los programas/s.

➤ Nombre de la persona firmando este formulario _____

➤ Firma del Padre/Tutor _____ Fecha _____