



Children's Museum
of Southern Minnesota

224 Lamm Street
Mankato, MN 56001
cmsouthernmn.org
507.386.0279

GATEWAY TO PLAY MUSEUM MEMBERSHIP

ENSURING ALL CHILDREN HAVE ACCESS TO HANDS-ON LEARNING THROUGH THE POWER OF PLAY!

Gateway to Play memberships are available to families that experience challenges or barriers to participation at the Museum. Gateway to Play membership covers one year of unlimited admission for up to two adults and all children 18 years and younger living in one household OR up to two grandparents and all of their grandchildren.

Adult Name _____ Adult Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email * _____

**By providing your email address you are signing up to receive membership renewal notices and other Museum information.*

Child Name and Date of Birth _____ Child Name and Date of Birth _____

Child Name and Date of Birth _____ Child Name and Date of Birth _____

Child Name and Date of Birth _____ Child Name and Date of Birth _____

GATEWAY TO PLAY ELIGIBILITY:

Please check at least one of the following services or programs your family has participated in over the past year:

- EBT (Electronic Benefits Transfer)
- Medical Assistance
- Free/Reduced School Meal
- WIC (Women, Infants and Children)
- Head Start
- Foster Care
- IEP (Individualized Education Program)
- Other - Please specify: _____

DISCLAIMER: I hereby release, waive, and discharge any and all claims or demands against - and covenant not to sue - the Museum, its directors, officers, and employees ("releases") for injury or death, damage to property whether caused by the negligence of releases or otherwise, that arises or results from the use of facilities, services, or programs of the Museum. *Membership are non-transferable.*

PHOTO RELEASE: Your entrance into the Museum indicates your consent for us to use photographs of you and your child for educational and promotional purposes. *It is your responsibility to inform staff upon each visit if you do not wish to be photographed.*

Signed: _____ Date: _____

PLAY. It's what we do.



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If you are able to make a contribution to cover a portion of your membership expense, it helps the Children's Museum serve more families. Please indicate which of the following works best for you:

- \$25 \$15 \$10 \$5 Other amount Not at this time.

Please tell us how you found out about the Gateway to Play Membership opportunity:

One of the most valuable ways to help sustain funding support for this program is to pass along stories or feedback shared by Gateway to Play member families to donors and grant funders. Please share a brief note about how participating at the Children's Museum is of value to your family:

TO COMPLETE THE APPLICATION PROCESS:

Bring your completed form to the Museum front desk and stay to play! Gateway to Play Membership forms can also be submitted via mail or email to: kim.kleven@cmsouthernmn.org

After your membership form has been processed you will have the option of receiving a printed card or to download an e-membership card. Please indicate your preference at the Museum front desk at the time of your first visit to the Museum. If you have questions, please contact Kim Kleven at kim.kleven@cmsouthernmn.org

THANK YOU FOR BECOMING A GATEWAY TO PLAY MEMBER!

FOR OFFICE USE ONLY: Please initial: Received/reviewed by: _____ Date: _____

- Check one: New Membership Renewed Membership
 Application processed Contribution recorded/deposited
 Card Printed and Card Given/Mailed OR E-card activated

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GATEWAY TO PLAY MEMBERSHIP SURVEY

Your efforts to complete this CONFIDENTIAL survey are appreciated. Demographic information collected from Gateway to Play members is used only in aggregate form to inform our efforts and communicate with funders.

Your Zip Code: _____

Your Gender Identity:

Woman

Man

Other

Prefer not to say

Number of people living in your household: _____ **Your Age:** _____

Age(s) of Your Children: _____

What is the racial or ethnic identification of ALL people living in your household?

(Please check all that apply):

African American, African and/or Black

White, non-Hispanic

American Indian or Alaska Native

Hispanic and/or Latino

Asian and/or Asian American

Native Hawaiian and/or other Pacific Islander

Other: _____

Prefer not to say

Please check each of the following that applies to your family:

Another language beside English is spoken in our home.

Please specify language(s): _____

Member(s) of my family has limited ability or special needs.

Please specify: _____

A parent in my household is currently serving in the military or is a Veteran of Military Service.

Please indicate the highest level of education you have completed:

Not a high school graduate / No degree

Bachelor's degree

High school diploma / GED

Master's degree

Associate's degree

Ph.D.

Technical school degree

Prefer not to say

Please indicate your total yearly household income, before taxes:

Under \$20,000

\$45,000 - \$49,999

\$20,000 - \$24,999

\$50,000 - \$54,999

\$25,000 - \$29,999

\$55,000 - \$59,000

\$30,000 - \$34,999

\$60,000 or over

\$35,000 - \$39,999

Prefer not to say

\$40,000 - \$44,999

THANK YOU FOR COMPLETING THIS SURVEY!