GATEWAY TO BABY PLAY MUSEUM MEMBERSHIP

SUPPORTING FAMILIES THROUGH BABIES FIRST YEAR

Gateway to Baby Play Memberships are available to families of newborns and first-time parents up to their child’s first birthday. This Membership includes free admission for two parents and their baby until their first birthday. Around the baby’s first birthday, this Membership will lapse and you may transition to another Membership level.

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<tr>
<th>Adult Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>City</td>
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<td></td>
<td>State</td>
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<td>Zip Code</td>
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Phone Number       Email *

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

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<tr>
<th>Child Name and Date of Birth</th>
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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 Baby 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:

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: ________________

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 BABY PLAY MEMBER

FOR OFFICE USE ONLY:

Please initial: 
Received/reviewed by: ___________________ Date: ________________________

☐ Application processed ☐ Contribution recorded/deposited
☐ Card Printed and ☐ Card Given/Mailed OR ☐ E-card activated

PLAY. IT’S WHAT WE DO.
GATEWAY TO BABY 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

Please check at least one of the following services or programs your family has participated in over the past year:
EBT (Electronic Benefits Transfer) 0 Head Start
0 Medical Assistance 0 Foster Care
0 Free/Reduced School Meal 0 IEP (Individualized Education
0 WIC (Women, Infant, and Children Program) 0 Other – Please specify:
THANK YOU FOR COMPLETING THIS SURVEY!