



**CHILDREN'S
MUSEUM**

of Southern Minnesota

224 Lamm Street
Mankato, MN 56001
507.386.0279
www.cmsouthernmn.org

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.

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

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:

PLAY. IT'S WHAT WE DO.



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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

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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):

- | | |
|---|--|
| <input type="checkbox"/> African American, African and/or Black | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic and/or Latino |
| <input type="checkbox"/> Asian and/or Asian American | <input type="checkbox"/> Native Hawaiian and/or other Pacific Islander |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 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:

- | | |
|---|--|
| <input type="checkbox"/> Not a high school graduate / No degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma / GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> Technical school degree | <input type="checkbox"/> Prefer not to say |

Please indicate your total yearly household income, before taxes:

- | | |
|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$45,000 - \$49,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$50,000 - \$54,999 |
| <input type="checkbox"/> \$25,000 - \$29,999 | <input type="checkbox"/> \$55,000 - \$59,000 |
| <input type="checkbox"/> \$30,000 - \$34,999 | <input type="checkbox"/> \$60,000 or over |
| <input type="checkbox"/> \$35,000 - \$39,999 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> \$40,000 - \$44,999 | |

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

- | | |
|--|--|
| <input type="checkbox"/> EBT (Electronic Benefits Transfer) | <input type="checkbox"/> 0 Head Start |
| <input type="checkbox"/> 0 Medical Assistance | <input type="checkbox"/> 0 Foster Care |
| <input type="checkbox"/> 0 Free/Reduced School Meal | <input type="checkbox"/> 0 IEP (Individualized Education |
| <input type="checkbox"/> 0 WIC (Women, Infant, and Children Program) | <input type="checkbox"/> 0 Other – Please specify: |

THANK YOU FOR COMPLETING THIS SURVEY!