



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 interested in making 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.**



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

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 Baby 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 Baby Play Membership forms can also be submitted via mail or email to: [kim.kleven@cmsouthernmn.org](mailto: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, VP of Play and Learning at [kim.kleven@cmsouthernmn.org](mailto: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  
 Native American 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: \_\_\_\_\_  
 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 COMPLETING THIS SURVEY!**