



Date:

Dear Parent:

Thank you for your interest in registering your child for the half-day **Tea Time Museum Mini Camp, July 22, 1-4pm**, at the Pettigrew Home and Museum. We are looking forward to the return of this program!

Tea Time is offered to children between 5 and 7 years of age. Participants will learn what it was like to be an American child growing up over a century ago. The afternoon includes Victorian games and crafts, a tour of the historic home, manners and etiquette, and tea & treats at a tea party!

The activities begin promptly at 1:00 p.m. and will end at 4:00 p.m. The \$20.00 fee covers the cost of the program, activity materials, and treats. Financial assistance is available; please call for details.

Please complete the enclosed combination registration form, waiver of liability, and medical release. Each child must have a registration form completed and signed by a parent or legal guardian. **If any portion of this form is not completed, your child will not be permitted to participate in the program.** Return the one-page form along with a check for the registration fee to: Tea Time, Siouxland Heritage Museums, 200 W. 6th Street, Sioux Falls, SD 57104. These must be received no later than one week prior to the program. **Your child is not registered until we have received a completed registration form and payment.** We will send you a confirmation email after we have received the form and fee.

Tea Time is filled on a first-come, first-served basis. We will most likely have a waiting list. If you must cancel, please call the museum, (605) 367-4210, as soon as possible so another child can participate. Refunds, minus a \$5.00 handling fee, will be given until one week prior to the program date. No refunds can be given for cancellations after that date. In the event a cancellation is made due to unforeseen circumstances, your full fee will be refunded.

Thank you for returning the registration form as soon as possible. Call the education department at (605) 978-7015 with any questions. We hope you have a great summer!

Siouxland Heritage Museums Education Staff



200 W. 6th Street, Sioux Falls, SD 57104

Strong Foundation. Strong Future.

Equal Opportunity Employer and Service Provider

P:(605)367-4210

F:(605)367-6004

siouxlandmuseums.com



Tea Time Museum Mini Camp Registration Form

Space is limited. Please call (605) 367-4210 to check availability and reserve your child's spot before mailing registration forms.

Child's Name:* _____ Age: _____ Date of Birth:* _____
(Child must be 5 years of age by date attending camp)

This year's Tea Time Museum Mini Camp will be held on the following date:

Wednesday, July 22, 2026

Did you call the museum to pre-register your child for this date: yes no (Preference is given to pre-registered campers.)

Contact Information

Parent 1 Name:* _____ Parent 2 Name: _____

Address:* _____ Email:* _____

City:* _____ State:* _____ Zip:* _____

Primary Phone:* _____ Alternate Phone 1: _____ Alternate Phone 2: _____

Emergency contact person (other than parent):* _____ Phone:* _____

Relationship (grandmother, aunt, neighbor, etc.): _____

Physician/Clinic Name:* _____ Phone:* _____ Hospital Preferred: _____

Please note any allergies, physical conditions, medications, or special needs of which we need to be aware: _____

**Asterisked items are mandatory.*

Permission/Waiver of Liability/Health Consent

This release is made _____ by: _____
(Date) (Parent or Legal Guardian printed name)

initials As parent or legal guardian of the above-named child, I hereby give my permission for this child to attend Tea Time and all recreational activities therein and grant permission for the museum to photograph my child during the program and use these images for marketing purposes. (To opt out of the photo release, please contact the museum prior to sending in registration materials.)

initials In addition I give permission to the medical personnel selected by the Day Camp Director to order x-rays, routine tests, treatments, and necessary transportation for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Director to secure and administer treatment, including hospitalization, for the child named above.

initials In consideration of the permission granted to my child by the Siouxland Heritage Museums to participate in **Tea Time**, I hereby release the Siouxland Heritage Museums, their agents and employees from all liability and all claims which I, my heirs, executor, administrator, or assigns may have against the Siouxland Heritage Museums, their agents and employees, for all personal injuries known or unknown which the above-named child may incur by participating.

I, the undersigned, have carefully read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____

Please check this box to endorse your type-written signature in lieu of a hand-written signature.

Please return this form and the \$20 registration fee to: Siouxland Heritage Museums, 200 West 6th Street, Sioux Falls, SD 57104 Attn: Tea Time
(Checks should be made payable to Siouxland Heritage Museums.)