



Foster Family Membership Information

The Children's Museum of Indianapolis

Free Museum Membership

for Indiana's Foster Families!

Who qualifies?

From Sept. 1, 2008 through Aug. 31, 2009, licensed Indiana foster care parents currently caring for a foster child are eligible to register for a free one-year museum membership. (Any dependent children under age 21 living in the same household are also included in membership.)

Foster Family Membership Benefits

- **Free** general admission for one full year!
- **Free** Carousel rides
- **Free** subscription to Extra!, the museum's quarterly magazine and program guide
- **20% discount** on preschool and family classes
- **15% discount** in The Children's Museum Store
- **Discounts** on birthday parties and Haunted House tickets
- **\$1 off** guest admission tickets
- **Advance tickets and priority seating** for Lilly Theater performances
- **Advance tickets** for SpaceQuest® Planetarium
- **Invitations** to exhibit preview days and members-only special events
- **Early Admission** on First Saturday Member Mornings
- **Community Connections** — special offers for local family friendly attractions

To Join

To join the Foster Family Membership program, complete the application form and present it at The Children's Museum Box Office along with the following materials:

- Valid Foster Family Home License as approved by Indiana Department of Child Services.
- Photo ID

Licensed foster parent must be present at time of enrollment. For more information visit ChildrensMuseum.org/fosterfamilies or call (317) 334-4000 or (800) 820-6214.

Terms and eligibility are subject to change without notice.

Card not transferable. Named adult card holder must attend on each visit. Photo ID required.

Not Valid with previous purchases.



Foster Family Membership Application

Foster parent must apply in person at The Children's Museum Box Office and present the following:

- Valid Foster Family Home License (State of Indiana Only)
- Photo ID

Renewing Member Account Number _____

Have you ever had a membership to The Children's Museum?

Yes No

Adult 1 (Adults must be members of same household)

Mr./Mrs./Ms _____

Address _____

City _____ St _____ ZIP _____

County of Residence _____

Phone () _____ E-mail _____

Employer _____

Adult 2 Relationship to Adult 1 Spouse/Partner Other

Mr./Mrs./Ms _____

Children (Under 21 living in the same household)

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Office Use Only: DR _____ MN _____ SI _____

Home License _____ Expiration _____

MAX Number: ___ Foster ___ Other

First-Time Account Number _____