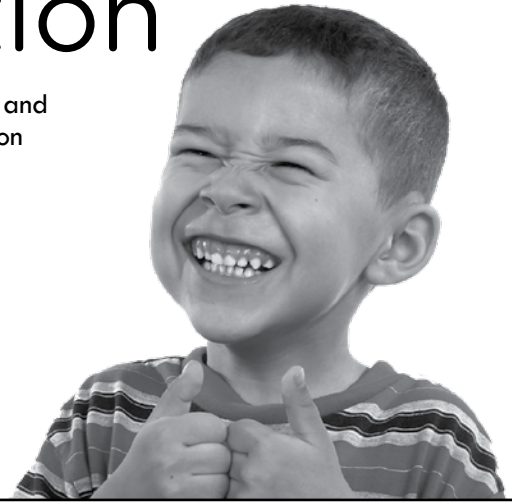


Family Focus Membership Renewal Application

The Betty Brinn Children's Museum is dedicated to early childhood learning... and fun! Renew your free membership to play year-round in the Museum's hands-on exhibits, enjoy educational programs and much more!

Family Focus benefits include:

- Free Museum admission for two adults and all children in the household (up to 18 years old) for one full year
- Invitations to members-only and special events
- A subscription to the Museum's newsletter, *Handprints*
- Discounts on Museum parties, special events and workshops
- A 10% discount on Museum gift shop purchases
- Free parking and transportation assistance



Date: ____/____/____ Patron ID # _____ (Located under barcode on your membership card)

1st adult first & last name _____

2nd adult first & last name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone with area code: _____

E-mail: _____

E-mail address is required to receive the Museum's monthly e-newsletter. Your address will not be shared with a third party.

Number of children in the household under age 18: _____

Child's name _____ Birth Date ____/____/____

Child's name _____ Birth Date ____/____/____

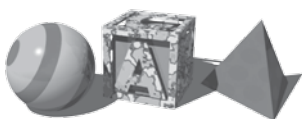
Child's name _____ Birth Date ____/____/____

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Child's name _____ Birth Date ____/____/____

Child's name _____ Birth Date ____/____/____

Please complete this page and the following two pages, and include a copy of proof of qualification (including, but not limited to: documents proving participation in BadgerCare Plus, WIC, Title 19, Quest or Head Start; licensed foster parent documentation; an Individualized Education Plan (IEP); a W2 income form; or documents proving that a child is a military dependent with a deployed caregiver). Then mail to or drop off at:



betty brinn children's MUSEUM

929 E. Wisconsin Ave., Milwaukee, WI 53202

Phone: (414) 390-KIDS (5437) E-mail: familyfocus@bbcmkids.org

OFFICE USE: Membership FF group _____ / WA ED / Cards

Family Focus Membership Renewal Application - page 2

The answers to the questions on this page are used to improve programming to meet the needs of the families we serve. It also helps provide information to donors who financially support the program. All information is confidential. Individual information will not be used in reports; only group statistics will be shared. Thank you for taking the time to complete this form.

<p>How did you hear about the Museum's Family Focus program?</p>	<p>Number of adult caregivers in your household: Female: _____ Male: _____</p> <p>Age of parents:</p> <table border="0"> <tr> <td></td> <td>1st Adult</td> <td>2nd Adult</td> </tr> <tr> <td>Under 18</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>18-24</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>25-34</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>35-54</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>55 or older</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">If under 18, please specify age: _____</td> </tr> </table>		1st Adult	2nd Adult	Under 18	_____	_____	18-24	_____	_____	25-34	_____	_____	35-54	_____	_____	55 or older	_____	_____	If under 18, please specify age: _____			<p>Highest education level completed by caregiver(s):</p> <table border="0"> <tr> <td></td> <td>1st Adult</td> <td>2nd Adult</td> </tr> <tr> <td>Elem./Grade 8</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>High School</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>GED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Associate</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Trade School</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Some college</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>College degree</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Professional degree (MA, PHD, DDS, MD)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Currently enrolled in school</td> <td>_____</td> <td>_____</td> </tr> </table>		1st Adult	2nd Adult	Elem./Grade 8	_____	_____	High School	_____	_____	GED	_____	_____	Associate	_____	_____	Trade School	_____	_____	Some college	_____	_____	College degree	_____	_____	Professional degree (MA, PHD, DDS, MD)	_____	_____	Currently enrolled in school	_____	_____																					
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<p>Number of people in household: Adults: _____ Children: _____</p> <p>ZIP code of household: _____</p> <p>Number of people in household with special needs (e.g., autism, language delays, etc.):</p> <table border="0"> <tr> <td></td> <td># Adults</td> <td># Children</td> </tr> <tr> <td>Physical</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Behavioral</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Developmental</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Language</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">If other, please specify: _____</td> </tr> </table>		# Adults	# Children	Physical	_____	_____	Behavioral	_____	_____	Developmental	_____	_____	Language	_____	_____	Other	_____	_____	If other, please specify: _____			<p>How will you get to the Museum?</p> <p>_____ Personal vehicle (car, van, etc.)</p> <p>_____ Public Transportation</p> <p>_____ Other</p> <p>If other, please specify: _____</p> <p>Number of children in daycare:</p> <table border="0"> <tr> <td>Full time</td> <td>_____</td> </tr> <tr> <td>Part time</td> <td>_____</td> </tr> <tr> <td>Not in care</td> <td>_____</td> </tr> </table>	Full time	_____	Part time	_____	Not in care	_____	<p>Employment status of caregivers:</p> <table border="0"> <tr> <td></td> <td>1st Adult</td> <td>2nd Adult</td> </tr> <tr> <td>Full Time</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Part Time</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Student/Part Time</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Student/Full Time</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Seasonally</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Self-employed</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Unemployed</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Retired</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Disabled</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Enrolled in W-2</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Job Training</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>At home by choice</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">If other, please specify: _____ _____ _____</td> </tr> </table>		1st Adult	2nd Adult	Full Time	_____	_____	Part Time	_____	_____	Student/Part Time	_____	_____	Student/Full Time	_____	_____	Seasonally	_____	_____	Self-employed	_____	_____	Unemployed	_____	_____	Retired	_____	_____	Disabled	_____	_____	Enrolled in W-2	_____	_____	Job Training	_____	_____	At home by choice	_____	_____	Other	_____	_____	If other, please specify: _____ _____ _____		
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<p>Languages in household (please check all that apply):</p> <p>_____ English</p> <p>_____ Spanish</p> <p>_____ Other</p> <p>If other, please specify: _____</p>	<p>Annual household income:</p> <p>_____ Less than \$20,000</p> <p>_____ \$20-29,000</p> <p>_____ \$30-39,000</p> <p>_____ \$40-49,000</p> <p>_____ \$50,000 +</p>																																																																									

Family Focus Membership Renewal Application - page 3

Your opinion matters! Your completed survey will help the Museum make important improvements to our programs and exhibits.

1. How often have you used your membership to visit the Museum?

- Not at all 1-2 times 3-4 times 5-6 times 7 or more times

2. If you did not use your membership, please tell us why:

Which factors impacted your use of the Museum? Check all that apply:

- Transportation problems
 Feel uncomfortable visiting the Museum
 Work/school conflicts
 Did not feel the need to attend regularly
 Family obligations
 Other (please explain) _____

3. Has visiting the Museum been valuable to your family? Yes No

4. Would you recommend the *Family Focus* program to another family? Yes No

5. Has your family attended any program or event at the Museum? Yes No

Please indicate the programs or events you have attended, and write the approximate number of times you attended each:

- | | |
|--|--|
| <input type="checkbox"/> Tot Time _____ | <input type="checkbox"/> Neighborhood Night _____ |
| <input type="checkbox"/> Open Art Studio _____ | <input type="checkbox"/> Speakers/parent education _____ |
| <input type="checkbox"/> Puppet Play _____ | <input type="checkbox"/> Member/special events _____ |
| <input type="checkbox"/> Betty's Broadway _____ | <input type="checkbox"/> Birthday Party _____ |
| <input type="checkbox"/> Pre-School Pop-In _____ | <input type="checkbox"/> Performances _____ |

6. If you received a membership through an agency, did agency staff encourage visits to the Museum by (check all that apply):

- Newsletter notices Reminder phone calls/messages
 Staff recommendations/reminders Free passes
 Other _____ Field trips

7. As a Museum member, I learned more about my child's needs as he/she grows. True False

8. Attending the Museum helped improve my relationship with my child. True False

9. What have you learned about parenting and/or child development from your visits to the Museum?

Please indicate which topics you feel you have learned more about by visiting the Museum (check all that apply):

- Positive discipline techniques
 My child's capabilities
 Positive parenting skills
 Brain development in young children
 My child's health
 Other _____

10. I would make the following changes to the *Family Focus* program (check all that apply):

- None *Family Focus* discounts to Museum events/programs
 Extended Museum hours Different/increased variety of programs
 Additional reminders about events Other _____

If you have any additional comments, please share them on the back of this form. If you have any questions or comments, please call the Museum's Community Education Specialist at 414-390-5437, ext. 228. Thank you!