



FREE Foster Family Memberships at The Children's Museum for Indiana's Foster Families

Visit the museum to apply today!

Who qualifies?

Licensed Indiana foster care parents are eligible to register for a free one-year museum membership. (Any dependent children under age 21 are also included on membership.)

Foster Family Membership Benefits

- **Free** general admission for one full year!
- **Free** Carousel rides
- **Free** subscription to *Extra!*, the museum's magazine and program guide
- **Discount** in The Children's Museum Store
- **Discount** on birthday parties and Haunted House tickets
- **Discount** on family program registration
- **Discount** on guest admission tickets
- **Advance tickets** for our most popular Lilly Theater shows
- **Invitations** to exhibit preview days and members-only special events
- **Early admission** on Member Mornings, first Saturday and Sunday of each month

To Apply

To apply for a free Foster Family membership, complete the application form below and present it at The Children's Museum Box Office along with the following materials:

- Valid Indiana Foster Family Home License
- Indiana State-issued 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 cardholder 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 with the following:

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

First-time Member _____

Renewing Member _____

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. _____

Adult 2 Relationship to Adult 1

Spouse/Significant Other Other _____

Mr./Mrs./Ms. _____

Address _____

City _____ St _____ ZIP _____

Phone (____) _____

Email (required) _____

I would like to receive email updates on upcoming exhibits and events

Today's Date _____

Children (Under 21 living in the same household)

Name _____ DOB _____

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 _____

