



Oregon Center for Creative Learning

The Children's Museum OF SOUTHERN OREGON

The Ivy School

The Polar Express Sensory Friendly Event Application 2024

Thanks to The Arc and Bridging Communities for their generous support of this scholarship.

Please initial below confirming eligibility for this scholarship:

_____ My family would benefit from being able to attend this sensory friendly version of the Polar Express Event.

_____ I am responsible for attending during the allotted time frame (9:00am-10:00am) to enjoy the sensory friendly experience.

Applications will be processed in the order in which they are received. Please provide the following contact information for follow up on awarding of a scholarship and to confirm reading time selection.

1 Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone:(_____) _____ - _____

Email: _____

2 Number of Tickets Requested: Adults: _____ Children: _____

3 Please select the order in which you would prefer to attend your reading time for The Polar Express:

1st Choice 2nd Choice

_____ 9:15 am

_____ 9:45 am

Or:

No Preference

5 _____

Please answer the following questions before signing and completing your scholarship application:

Do you receive services from any of the following providers? (Please check all that apply)

Jackson Care Connect

All Care

Primary Health

How did you hear about The Polar Express Sensory Friendly Event? (Please check all that apply)

- Friend/Family
- Social Media
- The Arc

- Bridging Communities
- Early Intervention
- The Ivy School

- Advertisements
- Other: _____

Print Name of Guardian: _____

Signature of Guardian _____ Date _____

The Children's Museum of Southern Oregon does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or financial status, in any of its activities or operations. We are not affiliated with any organized religious, ethnic or political groups.

OFFICE USE ONLY

Date Received: _____ / _____ / _____

1 Review Date: _____ / _____ / _____

- Accept
- Decline
- Waitlist

2 Payment Information:

- Full Scholarship of: _____
- Partial of _____ per _____
- Other: _____

Notes: _____

3 Award Status:

- Parent Notified: _____ / _____ / _____
- Parent Accepted
- Parent Declined
- Front Desk Take Note