

GEAUGA COUNTY HISTORICAL SOCIETY PIONEER SCHOOL REGISTRATION 2026

MAY 1ST DEADLINE

JULY 6-10, 2026 10-3 PM

AGES 8 – 12 YEARS

COST: \$100 for GCHS Members, \$120 for Non-Members

REGISTRATION DEADLINE-MAY 1ST, 2026-no Exceptions

3 Ways to Register: No Walk ins

1. www.centuryvillagemuseum.org

2. In Person @ GCHS (@ General Store) -by appointment only-call 440-834-1492



3. Mail in- Mail to: ATTN: Pioneer School: Geauga County Historical Society, P.O. Box 153, Burton, OH 44021

must be received by May 1st

Make check payable to GCHS

Registration Fee Must accompany the Form or it won't be valid

Child's Last Name: _____ Child's First Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you grant permission for us to photograph your child for use in our publications? Yes No

Parent Signature: _____

EMAIL: _____

PLEASE MAKE A NOTE IF YOUR CHILD HAS A FRIEND THEY WOULD LIKE TO BE GROUPED WITH.
While we cannot 100% guarantee this will happen, we will do our very best to accommodate the request.

Please complete one form for each child registered

***If you do not receive an email from the GCHS office confirming registration then your child is not registered**



**PERMISSION FOR MEDICAL TREATMENT AND
RELEASE OF MEDICAL RECORD INFORMATION**

For the week of July 6-10, 2026, I/We, the parents(s)/legal guardians(s) of the child listed below hereby authorize permission for medical treatment of and release of medical record information concerning our child in the event we cannot be reached in an emergency.

(Please Print)

Child's Name: _____

Home Address: _____

Home Phone: _____ **Date of Birth:** _____

Known Allergies: _____

Date of last Tetanus/Diphtheria booster: _____

Routine or current medications: _____

Significant medical problems/conditions: _____

Physician/Pediatrician: _____

Father's Name: _____

Father's Work Phone: _____

Mother's Name: _____

Mother's Work Phone: _____

Medical Authorization in effect the week of July 6-10, 2026.

Parent/Guardian Signature: _____

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