



REGISTRATION FORM

CHILDREN'S CLASSES/CAMPS

CHILD'S NAME _____

GRADE / AGE _____

COURSE NAME(S) _____

COURSE FEE \$ _____

TOTAL \$ _____

PARENT INFORMATION

NAME _____

ADDRESS _____

HOME PHONE _____

WORK/CELL _____

EMAIL _____

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME _____

RELATIONSHIP TO CHILD _____

PHONE NUMBER _____

TRANSPORTATION

My child, _____ has my permission to walk/ride bike home from the Cooking Studio.

Names of person/persons other than parent allowed to pick-up child:

MEDICAL INFORMATION

CHILD'S PHYSICIAN

PHONE NUMBER

FOOD ALLERGIES

OTHER HEALTH OR BEHAVIORAL CONCERNS

TASTE & TECHNIQUE COOKING STUDIO HAS MY/OUR PERMISSION TO:

Take photographs of my child during cooking sessions Yes No

Use photographs of my child on the Studio's website Yes No

(For Grades 4-6 and 7-8 Only)

Allow my child to use cooking knives Yes No

Allow my child to use stoves and ovens Yes No

I, the parent of _____, understand and agree to the policies of the Taste & Technique Cooking Studio.

Parent's Signature _____ Date: _____

Check • Please make checks payable to: Taste & Technique Cooking Studio

Credit Card (Visa and Mastercard only, please)

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

CHARGE AMOUNT:

Signature of Card Holder _____