



**REGISTRATION FORM**

**CHILDREN'S SIX WEEK SESSION**

CHILD'S NAME \_\_\_\_\_

GRADE / AGE \_\_\_\_\_

COURSE NAME \_\_\_\_\_

**COURSE FEE \$** \_\_\_\_\_

**REGISTRATION FEE \$ 25.00** \_\_\_\_\_

One time registration fee includes: Taste & Technique Apron, Recipe Binder and Tote Bag

**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 \_\_\_\_\_