




## Winter Cooking Classes

Bernards PEC is proud to offer a series of 3 cooking classes for the special needs community. This hands-on cooking program features creative and fun menus for the youngest chefs. Classes will be taught by the wonderful Ms. Jan Schlenker who has been teaching our kids cooking skills for many years! Siblings are welcome.

**Dates and themes:** All classes are held on Mondays.

 **January 30<sup>th</sup>** Winter theme

 **February 27<sup>th</sup>** Valentine's Day theme

 **March 12<sup>th</sup>** St. Patrick's Day theme

**Time:** from 4:15pm-5:00pm

**Where:** The P.E.P. Club  
42 Liberty Corner Road  
Warren, NJ 07059

**Cost:** \$39 per child for the 3 class session, or \$13 per child, per class.

**Registration deadline is January 27<sup>th</sup>, 2012.**

To register, mail check, payable to "Bernards PEC" (no cash please) and attached registration form to Marie Petersen, 29 Mayflower Drive, Basking Ridge, NJ 07920, or email [mail@mariepeterson.com](mailto:mail@mariepeterson.com) and bring the check and registration form to the first class.

If you have any questions please email Marie at [mail@mariepeterson.com](mailto:mail@mariepeterson.com).



## Program Registration Form

### *PEC Cooking Classes at Warren P.E.P. Club 1/30, 2/27, 3/12*

Name(s) of Child(ren): \_\_\_\_\_ Age (s): \_\_\_\_\_

Which class(es) are you registering for? \_\_\_\_1/30\_\_\_\_ 2/27 \_\_\_\_3/12

Name of Parent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like a mentor to help shadow your child? (Please understand you may need to assist the mentor at times, depending on the needs of your child.) \_\_\_\_\_

Please indicate any special needs your child may have that will assist us in providing a successful experience.

---

My child has my permission to participate in Cooking Classes 1/30, 2/27, 3/12 at The P.E.P. Club, 42 Liberty Corner Road, Warren, NJ. I understand that the Bernards Parents for Exceptional Children DOES NOT provide accident insurance. I also understand that a parent or guardian must stay for each family, as this is not a drop-off program . In addition, by coming to the Program, I consent on behalf of my family to the use of any photos or videos taken at the Program for publicity, marketing, or fundraising efforts.

Parent/GuardianSignature: \_\_\_\_\_ Date: \_\_\_\_\_