

Kid's Cooking Fall Workshop



For Children Currently in Grades K-5

Wednesdays, 4:00–5:00PM

**Community Center Activity Room
289 South Maple Ave, Basking Ridge**

Instructor: Gail Paul



Session I: September 14th—October 12th

Session II: October 19th—November 16th

Space is limited to 20 participants per session

Registration begins Monday, August 29th, 2011

Come and join the fun with Kid's Cooking. Children will be creating kid friendly recipes while learning Kitchen safety, Tools of the Trade and the Food Pyramid. This workshop is 100% Peanut Free! At the end of each session your child will receive all the recipes they have created along with a Chef Hat!

Cost: \$75 per participant, per session. Residents only.

Cash or Check: Checks made payable to "Bernards Township"

Refunds must be requested prior to the first class of each session, minus \$10 processing fee.

Fall 2011 Kid's Cooking Workshop—REGISTRATION FORM

Complete one form per child, per program and submit check payable to "Bernards Township".

Return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

I would like to register for (please circle): Session I-\$75 Session II-\$75 Both Sessions-\$150

Last name: _____ First name: _____ Male or Female: _____

Address: _____

Town: _____ Zip: _____

Birth date: ____ / ____ / ____ Grade: ____ School child attends: _____

	Father/Guardian	Mother/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

	Emergency Contact	Medical, physical, behavioral, or mental health conditions we should be aware of:
Name		
Home Phone #		
Cell Phone #		

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department's registration, refund, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

For office use only:	Cash _____	Ck. # _____	Received: _____
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