

# Kitchen Kid Cooking Camp

A summer of creative cooking, fun learning, and sharing good food with friends!

## ENROLLMENT FORM – *Please print clearly and complete in full*

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_  Male  Female  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Parent Contact 1 \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parent Contact 2 \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Please enroll my child in the following camp(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Books for Cooks Session A   | <input type="checkbox"/> Session 2: Mangia, Mangia  |
| <input type="checkbox"/> Books for Cooks Session B   | <input type="checkbox"/> Session 3: All Day Buffett |
| <input type="checkbox"/> Session 1: Around the World   | <input type="checkbox"/> Session 4: On the Road     |
| <input type="checkbox"/> I would also like to purchase a <b>Kid Chef Tool Kit</b> , which includes kids' tongs, pastry brush, safety knife, finger protector, cheese grating guard, and stainless steel whisk, for \$40 + tax. |   |

Please list ALL child's allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list child's dietary restrictions: (example: vegetarian, no pork, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We want to provide your child with the best experience possible. Please note any special concerns you may have.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A **\$150** (\$60 for Tot Chefs) non-refundable deposit is required to reserve your child's space for each session. Remaining payment is due May 31, 2009. If a student cancels after May 31, no refunds will be given, however deposits may be applied to another session of camp if space is available.

**Method of Payment:**  Check  VISA  MasterCard Amount \$ \_\_\_\_\_  Deposit  Payment in Full  Other

Account No. \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

- I give my child permission to walk to the Santa Monica Farmers' Market on Wednesdays.
- I give permission for any quotes, images or likenesses of my child to be used for Kitchen Kid publicity purposes. *Check box only if permission is granted.*
- I authorize Kitchen Kid to charge the remaining balance to my credit card on May 31. *Check box only if you wish to be charged automatically.*

By signing below I agree to all policies outlined on this form. I affirm I will hold Kitchen Kid, LLC and its employees harmless from any liability resulting from my child's participation in any and all activities and excursions. I also acknowledge all recipes represent the intellectual property of Samantha Barnes and Kitchen Kid, LLC and cannot be reproduced without permission. If paying by credit card, I authorize the above amount to be charged to my account. I understand Kitchen Kid reserves the right to change its calendar, withdraw a class, or modify curriculum at any time. In the event that a class is withdrawn, a full refund will be given.

Signed \_\_\_\_\_

Date \_\_\_\_\_