

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 _____
 Parent Email _____ How did you hear about us? _____
 Parent Name: _____
 Cell Phone _____ Home/Work Phone _____
 Emergency Contact: _____
 Cell Phone _____ Home/Work Phone _____

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

Rates and Discounts

- () Session 1SM: Around the World (6/27-7/1)
- () Session 1MB: Around the World (7/25-7/29)
- () Session 2SM: Mangia, Mangia! (7/5-7/8)
- () Session 2MB: Mangia, Mangia! (8/1-8/5)
- () Session 3SM: All Day Buffet (7/11-7/15)
- () Session 3MB: All Dat Buffet (8/8-8/12)
- () Session 4SM: Celebrity Chef (7/18-7/22)

Santa Monica camp: \$425
 Manhattan Beach camp: \$395
 Session 2SM prorated to \$340.
A \$25 discount applies to siblings enrolled in the same session, campers enrolling in multiple sessions, and registration received before April 15.

Please list ALL child's allergies: _____

Please list child's dietary restrictions: *(ex: vegetarian, no pork, etc)*

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

A \$200 non-refundable deposit *per session* is required to reserve your child's space. Remaining payment is due June 1. If a student cancels after June 1, no refunds will be given, however deposits may be applied to another session of camp if space is available.

Method of Payment: () Check enclosed () VISA () MasterCard Amount \$ _____ () Deposit () Payment in Full
 Account No. _____ Security Code _____ Exp. Date _____
 Name as it appears _____ Billing Address (if different from above) _____

- () I give my child permission to walk to the Farmers' Market.
 - () I give permission for any quotes, images or likenesses of my child to be used for Kitchen Kid publicity and marketing purposes.
 - () I authorize Kitchen Kid to charge the remaining balance to my credit card on May 31. (If not checked, please mail a check with balance due by June 1.
 - () By signing below I agree to all Kitchen Kid, LLC policies. 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 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 and recipes at any time. In the event that a class is withdrawn, a full refund will be given.
- Signed _____ Date _____