



Cooking & Baking Classes Registration Form

2018 - 2019

Parent Contact Information:

Parent Name: _____

Home Number: (____) - ____ - ____

Cell Phone: (____) - ____ - ____

Your email address: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relationship with Family: _____

Child Information:

Name of Child: _____

Child Birthdate (dd/mm/yyyy): _____

Gender: Female Male

Any Allergies or Medical Conditions: YES NO

If **YES**, please provide detailed description of allergies.

Class Dates: (Please circle)

- Saturday October 6th 2018
Cooking Class

- Saturday October 20th 2018
Cooking Class

- Saturday October 27th 2018
Halloween Baking Class

- Saturday November 17th 2018
Cooking Class

- Saturday December 8th 2018
Christmas Baking Class

- Saturday December 15th 2018
Christmas Baking Class

Payment: CREDIT CARD / CASH

Card Number: _____

Expiry Date: _____

Signature: _____

Thank You ☺
Just Catering for Kids