



# Kids KitchZen

A Recipe for a Healthy Life

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Sibling(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary Concerns: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

### How would you like your child to be released after class?

Parent Pick Up

Walk Home

After School Program

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

*\*(In the event of emergency, if we are unable to reach you, please provide the contact info for the best alternative person to reach)*

### Emergency Contact (other than parent)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

By signing below, I release and hold harmless Laurie Gill and Kids KitchZen from any liability as a result of personal injury or property damage occurring while the above child is in her care. I understand the payment and advanced reservation requirements and I agree to pay the set amount BEFORE class begins. I understand that my child must uphold the same school policies during club hours including zero bullying tolerance. I give permission for my child(ren) to attend Kids KitchZen.

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_