



Introduction to Baking

Cost: \$40

Schedule: 4:00pm-5:30pm October 17, 24, November 7, 14 (Your child will attend all 4 dates)

Baking 101

Cost: \$60

Schedule: 6:00pm-7:30pm October 17, 24, November 7, 14 (Your child will attend all 4 dates)

Child 1 - Class selection: *Introduction to Baking -and- -or- Baking 101*

First _____ Last _____

Gender: Male __ Female__ Grade _____ Birth Date ____/____/____ Age _____

Child 2 - Class selection: *Introduction to Baking -and- -or- Baking 101*

First _____ Last _____

Gender: Male __ Female__ Grade _____ Birth Date ____/____/____ Age _____

Parent/Guardian #1 - Contact Information

Email address for class details and changes: _____

First _____ Last _____

Relation _____

Street Address

_____ City _____ Zip Code _____

Parent/Guardian #2 - Contact Information

Email address for class details and changes: _____

First _____ Last _____

Relation _____

Street Address (If different than Parent/Guardian #1) _____

City _____ State _____ Zip Code _____

Alternate Pickup/Release

Please list those people in addition to parents/guardians who are permitted to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release

I hereby give permission for my child to be photographed during the Beans Jr. Bakers classes. I understand the photos may be used for promotional purposes including flyers, brochures, newspaper, and on the Internet and social media. I understand that although my child's photograph may be used for advertising his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Beans.

Parent/Guardian Initial: _____

Is your child allergic to any type of food or medication?

Yes__ No__

If yes, explain: _____

Medical Release Agreement

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Beans will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Terms of Agreement

Beans is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

Children's photograph and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____