



Please circle which Beans Jr. Bakers class you are registering for:

*Intro to Baking Class (March 12, 19, 26 and April 2)*

*7-Layer Cake Teen Class (March 26 and April 2)*

**Child's Information**

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**Parent/Guardian #1 - Contact Information**

First \_\_\_\_\_ Last \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2 - Contact Information**

First \_\_\_\_\_ Last \_\_\_\_\_ Relation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Alternate Pickup/Release**

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

1: \_\_\_\_\_ Primary Phone \_\_\_\_\_

2: \_\_\_\_\_ Primary 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. 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's/Guardian's Initials \_\_\_\_\_

**Medical Release – Insurance Information**

Policy Number \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).**

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

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

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

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.

Parent's/Guardian's Initials \_\_\_\_\_

**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' photos 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).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_