



## Introduction to Baking

Cost: \$40 Schedule: 5:00pm-6:30pm March 24,31, April 14, 21 (April 7 off) (Your child will attend all 4 dates)

Child 1 - Class selection: Introduction to Baking

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

Gender: Male \_\_ Female \_\_ Grade \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Child 2 - Class selection: Introduction to Baking

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

Gender: Male \_\_ Female \_\_ Grade \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Parent/Guardian #1 - Contact Information

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relation \_\_\_\_\_

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

Zip Code \_\_\_\_\_

Parent/Guardian #2 - Contact Information

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relation \_\_\_\_\_

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

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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:

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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: \_\_\_\_\_ Alternate Pickup/Release Please least those people in addition to parents/guardians who are permitted to pick up your child: Name: \_\_\_\_\_ Phone: \_\_\_\_\_