



Beans Jr. Bakers class you are registering for:

Jr Bakers - Introduction to baking: 4:00pm - 5:30pm (Age Recommendation 8-11)

Dates: February 28 + March 7 + March 14 + March 21(Your student will attend all four dates)

Jr Bakers - Cake & Pie from scratch: 6:00pm - 8:00pm (Age Recommendation 11-14, or a mature younger student (parent's discretion) but must have completed a previous Jr Bakers Class)

Dates: February 28 + March 7 (Your student will attend both dates)

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 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.

Parent's/Guardian's Initials _____

Health Monitoring

Masks are voluntary at this course. If your child is sick please do not allow them to attend the course.

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: _____