



Registration

Child's Name: _____ Gender _____ Age: _____ Date of Birth: _____
Parent 1 Name: _____ Parent 2 Name: _____
Address: _____ Address: _____
Cell #: _____ Cell #: _____
Home #: _____ Home #: _____
Email: _____ Email: _____
Caregiver's Name: _____ Caregiver's Cell #: _____
Class Date/Time _____

Commitment:

A minimum of 6 children must be committed to a 10 week session for the class to take place. It is up to the group to find a child to replace any child who pulls out of the class.

Payment:

Payments must be made by check. The fee for the 10-week session is \$500. All payments must be two weeks before the first day of class. If you are going to miss your first class, please be sure that your payment has been sent to reserve your spot. There is an additional one-time cost of \$15 for a Kulinary Kids NYC apron.

Please make checks payable to:

Kulinary Kids NYC
22 Watts Street #2
New York, NY 10013

Refunds:

Your payment is fully refundable before the first day of the 10 week session begins. If you cancel before the beginning of the third class, 50% of the class cost will be refunded for remaining unattended classes at time of cancellation. No refunds after two weeks.

Make-ups:

Due to the nature of this program, make-ups are not permitted.

Guests:

If you would like to bring a guest to join in one of the sessions, advanced notice of 1 week is required due to dietary restrictions, and a payment of \$50 is due at the start of that class. Please have your guest fill out a copy of this form.

Health Status Profile

The Health Status Profile is designed to identify any health conditions your children may have such as allergies. Kulinary Kids NYC will modify recipes to meet the needs of your children.

General Health (check all that apply)

Pediatrician's name _____ Phone # _____
Any known food allergies
If yes, please list _____

Medications _____
Lactose or gluten intolerance _____
Asthma _____
Other _____

My signature below verifies that I understand the above general health questions and have answered each one completely and accurately. If for any reason health conditions change, I will contact Kulinary Kids NYC in writing and fill out another Health Status Profile. I assume all ordinary risks when my child is involved in Kulinary Kids NYC classes and agree not to hold Kulinary Kids NYC or its employees liable for any injury that may occur to my child. I understand that Kulinary Kids NYC will be in a functioning kitchen with sharp objects and hot surfaces, which can pose a threat to children if safety guidelines are not met. Although, Kulinary Kids NYC will take every precaution to ensure the safety of the children there, accidents may occur.

Parent's Signature: _____ Date: _____

Submit