



Cooking, Learning, Growing!

Educational Culinary After School Program

CHILD INFORMATION (Please complete a separate application for each child enrolling in the cooking program.)

STUDENT NAME	AGE	BIRTHDAY	
ADDRESS	CITY	STATE	ZIP
CURRENT SCHOOL/GRADE LEVEL			

PARENT/GUARDIAN

PARENT OR GUARDIAN	EMAIL		
WORK PHONE	HOME PHONE	CELL PHONE	
PARENT RELEASE/PERSON PICKING UP YOUR CHILD			

MEDICAL INFORMATION/PERMISSION TO TREAT

PHYSICIAN	PHONE
PLEASE LIST ANY ALLERGIES AND CONDITIONS OF YOUR CHILD	

EMERGENCY CONTACT	RELATIONSHIP	PHONE
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If I or the above emergency contact cannot be reached, I give my consent and permission for the above named physician to provide medical attention to my child. In the event that the above named physician cannot be contacted or in the event of an emergency, I give my consent and permission for medical treatment deemed necessary for the well-being of my child at my expense. This may include transportation to the nearest emergency center. Release of Liability: I hereby assume all risks, responsibility or danger incidental to any class or event occurring prior to, during, or after the same and participant(s) agrees not to bring any legal action against Lori's Culinary Co., the owner, employees, my child's current Preschool, Dayschool or School or sponsors in connection with such risk or danger so assumed

I have read and agree to the Lori's Culinary Co. Culinary Enrichment Program Policies.

PARENT/GUARDIAN SIGNATURE	DATE
REGISTER ONLINE AT WWW.TXCOOKINGSCHOOL.COM YOU WILL RECEIVE A REGISTRATION CONFIRMATION VIA EMAIL ONCE PAYMENT AND THIS FORM ARE RECEIVED. MAIL FORM TO: 647 MEADOWCROFT LN, WINNIE, TX 77665	281.917.1721