



## Cooking it up at Camp tejas!

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

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE LEVEL (AS OF AUGUST 2010) \_\_\_\_\_

### PARENT/GUARDIAN

PARENT OR GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ EMAIL \_\_\_\_\_

### MEDICAL INFORMATION/PERMISSION TO TREAT

PLEASE LIST ANY ALLERGIES AND CONDITIONS OF YOUR CHILD \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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. I have read and agree to the Lori's Culinary Co. Culinary Cooking Class Policies.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REGISTER ONLINE AT [WWW.TXCOOKINGSCHOOL.COM](http://WWW.TXCOOKINGSCHOOL.COM) YOU WILL RECEIVE A REGISTRATION CONFIRMATION VIA EMAIL ONCE PAYMENT AND THIS FORM ARE RECEIVED.

EMAIL or SNAIL MAIL FORM TO: 647 MEADOWCROFT LN, WINNIE, TX 77665

281.917.1721