This non-school activity/publication is not sponsored or endorsed by Wylie ISD









## **Thursdays**

September 7 - December 21 Time: 3:30 pm - 5:00 pm

14 sessions for \$319 includes online fees

Payment program available



Hands-on activities, lively discussions and equipment skills development allow students to engage and discover:

- Kitchen safety
- Sanitation/hygiene
- Competition Training
- Fruits & vegetables

Desserts

- Salads & sandwiches
   Meats & sauces
  - - Pasta & baking

Eggs & breads

- Plating
- Cooking methods
- International cuisines

Learning comes alive in the kitchen classroom, where kids mix math, simmer science, and taste geography.

Kids will remember this for the rest of their lives!

Chefsville is an educational non-profit delivering programs connecting cooking with math, science, language arts and locial studies.

Call Chef Sarah at 972.800.5344 if there are any questions or e-mail Sarah@Chefsville.org.

Volunteer offer of 50% discount, first come first serve.

Register at https://chefsville.org

## Chefsville Kids: Harrison Intermediate Cooking Club Letter of Permission and Consent

Registration includes both form and payment(s). Online registration option exists at <a href="www.Chefsville.org">www.Chefsville.org</a> with payment options plus online fees. If mailing, make check(s) payable to "Chefsville". Our mailing address is Chefsville, <a href="PO Box 2624">PO Box 2624</a>, Rowlett, TX 75030. For sponsorships of a child/children, please e-mail: <a href="hello@Chefsville.org">hello@Chefsville.org</a>.

I would like my child to participate in the Cooking Club Program:

9/07, 9/14, 9/21, 9/28, 10/05, 10/19, 10/26, 11/02, 11/09, 11/16, 11/30, 12/07, 12/14, & 12/21

No club meetings on 10/12 Fall Break or 11/23 Thanksgiving Break

	//			Charle if ranget
Name of child	Birth Date	Grade	Teacher's Name	Check if repeat customer:
	, ,			Check if repeat
Name of child	// Birth Date	Grade	Teacher's Name	customer: $\square$
	, ,			Check if repeat
Name of child		Grade	Teacher's Name	customer:
How did you discover us: ☐Chefsville Website ☐ School Web Site ☐	Teacebook Twitte	r 🗖 Instagra	ım $\Pi$ family or friend	42
Military Family:Yes /No			<b>_</b> , ee	
Sensitive program health and nutrition topics: This program educates about hig	h blood pressure dishetes	heart diseas	e and high cholesterol Div	scussion noints include
how the medical industry prescribes medication and how eating foods will help body digests food and connects to their senses. Please see instructor immediat be no refunds allowed once program has started.	lower risks of these and o	ther medical	issues. In addition, stude	nts will learn how their
Gathering Health Information on Participant: I understand that during the couabout my child may be collected as permitted for the purposes of (a) Identificant information for the family doctor, should it be necessary; and (b) plant of personal health information about my child by the staff and volunteers of Ch to the community published by Public Health Services, as required or permitt withhold my consent or withdraw my consent at any time by providing written	ying known food allergies, ning, monitoring and evalu- refsville. I understand that red by law. I acknowledge	, intolerances ating this prog statistics abou	, dietary restrictions and gram. I consent to the coll at this program may be in	medical conditions and lection, use, and sharing cluded in annual reports
Media pictures and videos release: I further give consent allowing myself and/o me. The pictures or videos may be taken and used without my knowledge or p.				program without pay to
<u>Liability Waiver and Release</u> : I also waive any claim against <b>Chefsville</b> , their age action or demand I may have arising out of or in connection with any persona children under my care and direction, may sustain during the Program. The P nature can be a dangerous activity. This indemnification shall include, but not with any such claims. By my signature on this Liability Waiver, I bind my heir Liability Waiver.	al injury or bodily injury, do rogram, not licensed by To be limited to liability settl	eath or prope exas, may me ements, dama	rty damage which I, my c et in a Licensed or an exe age awards, costs, and at	child, my children, those empt facility. Cooking in torney's fees associated
Cancellation prior to program start date shall be refunded less \$75. No refunds a	after program starts. Stude	ents with ADD	/ADHD should be medicat	ted.
			/	/
Parent Name / Legal Guardian: (Please print)	Parent Signature		// Date	·
Devent F. seeil Address (Deace point)	acil phone #	-	other plea	
Parent E-mail Address (Please print)	cell phone #		other phon	e #
Food Allergies/Intolerances:				
Dietary Restrictions:				
Does your child have any other medical conditions or require any medic	cations that may impact	t their partic	ipation in this program	ı?
□ No □ Yes. If so, please provide details: ADD/ADHD?				
How will your child go home at the end of each session? □ Parent Pick-	Up □ Walker □ Alpha	Best □ Tr	avel home arranged wi	ith: