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Ready, Set, Cook!!!



Cooking Club at Harrison Intermediate

Tuesdays

Starting January 15 – May 7 in the Teacher's Lounge

Time: 3:35pm – 5:00pm

\$240 for 15 sessions* (semester commitment) or 3 payments of \$80* ... (*plus online fees)

Alternatively, pick session dates @ \$16 each*

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

- Kitchen safety
- Sanitation/hygiene
- Competition Training
- Fruits & vegetables
- Salads & sandwiches
- Desserts
- Eggs & breads
- Meats & sauces
- Pasta & baking
- 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 social studies.

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

Volunteer offer 50% discount, 1st come 1st 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 www.Chefsville.org with payment options plus online fees. If mailing, make check(s) payable to "Chefsville". Our mailing address is Chefsville, PO Box 941771, Plano, TX 75094-1771. Payment must be made prior to 48 hours before program start date. Late fee of \$20 will be needed if mailed or received afterwards. Sponsorships please e-mail: info@Chefsville.org.

I would like my child to participate in the Cooking Club Program: **Chefsville Kids: Harrison Intermediate**

1/15, 1/22, 1/29, 2/5, 2/12, 2/19, 2/26, 3/5, 3/19, 3/26, 4/2, 4/16, 4/23, 4/30 & 5/7

No club meeting on 3/12, 4/9

Name of child	/ /	Grade	Teacher's Name	Check if repeat customer: <input type="checkbox"/>
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How did you discover us: Chefsville Website School Web Site Facebook Twitter Instagram family or friend?

Military Family: Yes / No

Sensitive program health and nutrition topics: This program educates about high blood pressure, diabetes, heart disease and high cholesterol. Discussion points include how the medical industry prescribes medication and how eating foods will help lower risks of these and other medical issues. In addition, students will learn how their body digests food and connects to their senses. Please see instructor immediately if topics are sensitive. As students may only pick up part of this information there will be no refunds allowed once program has started.

Gathering Health Information on Participant: I understand that during the course of participating in the Chefsville Kids programming that personal health information about my child may be collected as permitted for the purposes of (a) Identifying known food allergies, intolerances, dietary restrictions and medical conditions and contact information for the family doctor, should it be necessary; and (b) planning, monitoring and evaluating this program. I consent to the collection, use, and sharing of personal health information about my child by the staff and volunteers of Chefsville. I understand that statistics about this program may be included in annual reports to the community published by Public Health Services, as required or permitted by law. I acknowledge that I have read and understand this consent, and that I may withhold my consent or withdraw my consent at any time by providing written notice.

Media pictures and videos release: I further give consent allowing myself and/or my child(ren) being in pictures and videos used to promote this program without pay to me. The pictures or videos may be taken and used without my knowledge or payment to me or my heirs, and current or future representatives.

Liability Waiver and Release: I also waive any claim against **Chefsville**, their agents, servants, insurers and employees, and hereby release them from any claim, cause of action or demand I may have arising out of or in connection with any personal injury or bodily injury, death or property damage which I, my child, my children, those children under my care and direction, may sustain during the Program. The Program, not licensed by Texas, may meet in a Licensed or an exempt facility. Cooking in nature can be a dangerous activity. This indemnification shall include, but not be limited to liability settlements, damage awards, costs, and attorney's fees associated with any such claims. By my signature on this Liability Waiver, I bind my heirs, and current or future representatives, and myself to the terms and conditions of this Liability Waiver.

Cancellation prior to program start date shall be refunded less \$75. No refunds after program starts.

Parent Name / Legal Guardian: (Please print)	Parent Signature	/ / Date
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Parent E-mail Address (Please print)	cell phone #	other phone #
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Food Allergies/Intolerances: _____

Dietary Restrictions: _____

Does your child have any other medical conditions or require any medications that may impact their participation in this program?

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 Travel home arranged with: _____
