



**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 \_\_\_\_\_ School in Attendance: \_\_\_\_\_

**Commitment:**

A minimum of 6 children must be committed to the group 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 or cash. All payments must be received 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 registration fee of \$30 for a personalized Kulinary Kids NYC apron and left-over container.

**Please make checks payable to:**

Kulinary Kids NYC  
5 Peter Cooper Rd., Apartment 5B  
New York, NY 10010

**Refunds:**

Your payment is fully refundable before the first day of the 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 \$55 per guest 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: \_\_\_\_\_