



Baking Class Registration

Child's Name: _____
Age: _____ Date of Birth: _____ Gender _____

Please Circle Session:
Session I Session II

Home Address: _____
Home Phone: _____
Contact email: _____
Parent Name: _____
Cell #: _____

Emergency contact (if parent cannot be reached):
Name: _____
Daytime phone: _____
Cell phone: _____

Please list any allergies or illnesses your child may have:

Please Note: This course is not recommended for children with severe food allergies.

PAYMENT IN FULL IS DUE UPON REGISTRATION