

Goodness To Go Cooking Class

Child's Name: _____

Date(s) Attending: _____

Parent/Guardian(s): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION: _____

ALLERGIES: _____

Photo Release- Ok to photograph

Parent's Signature _____ Date _____