

Kid's Registration & Permission Form

Name of Chef: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_ Class Time: \_\_\_\_\_  
Class Attending : \_\_\_\_\_ Date(s): \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone : \_\_\_\_\_  
Email Address: \_\_\_\_\_ May we confirm registration via email? \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
Anything else we should know? \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Permission Agreement**

- A. I/we understand that all Fork, Knife, Spoon Classes take place at 332 Belden Hill Road | Wilton, CT 06897 unless otherwise specified. I/we grant permission for my/our child to participate in all of the activities of Fork, Knife, Spoon Cooking that take place at the location, with the exceptions noted here: \_\_\_\_\_
- B. I/we grant permission for my/our child to be included in pictures of promotion connected to Fork, Knife, Spoon Cooking.
- C. I/we grant permission for the staff of Fork, Knife, Spoon Cooking to take whatever steps necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
1. Administer first aid.
  2. Attempt to contact a person or guardian or emergency contact person.
  3. Attempt to contact child's physician.
  4. Attempt to contact the parent through any of the persons listed above.
  5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
    - a. Call another physician.
    - b. Call an ambulance.
    - c. Have the child taken to the STAMFORD/NORWALK EMERGENCY ROOM in the company of a staff member in a staff vehicle.
  6. Any expenses incurred under 5 above will be borne by the child's family.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Absolutely no refunds will be made for withdrawal after registration in complete.  
No make-up classes.  
Registration is complete only upon the signed return of this form and full tuition.  
Fork, Knife, Spoon Cooking, LLC

RETURN THIS FORM WITH CHECK PAYABLE TO "MARIA PELIZZARI" TO:

332 Belden Hill Road | Wilton, CT 06897  
phone: 203.943.9955  
www.forkknifespooncooking.com