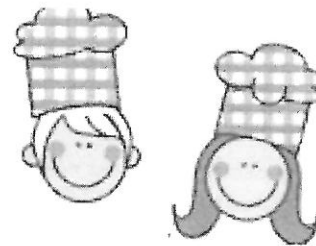




We'll See You In The Kitchen!

# Culinary Kids



Entertaining and Educational Kids Cooking Classes

**WHERE:** Ladera Elementary School

**WHEN:** EVERY FRIDAY for 8 weeks

Jan: 6, 13, 20, 27      Feb: 3, 10, 17, 24

**TIME:** 2:50 pm - 3:50 pm    **GRADES:** 1st - 4th

**COST:** \$125 for the 8-week session all food and materials included

Please contact Culinary Kids at **949-292-4720** or **CulinaryKids@live.com** for more information.

|                                 |                   |                |
|---------------------------------|-------------------|----------------|
| Student Name: _____             | Grade: _____      | Teacher: _____ |
| Parent/Guardian Name (s): _____ |                   |                |
| Address: _____                  | City: _____       | Zip: _____     |
| Home Phone: _____               | Cell Phone: _____ |                |
| Email: _____                    |                   |                |

If you would like to sign-up for this program, please fill out the registration form and drop it off in the main office with the payment of \$125 payable to "Culinary Kids."

**PARENTS MUST Read Before Signing:**

As Parent/Legal Guardian, I agree to indemnity and hold harmless Culinary Kids Cooking LLC or any of its agents, contractors, or employees from and against any and all claims, demands, damages, cost arising out of an act of negligence from any incident, injury, or damage to any person or person during which time the student is participating in the program and up to and including the time when the Student is released to the care of the Parent/Guardian. As Parent/Legal Guardian, I agree to allow Culinary Kids Cooking LLC to use photographs of the Student taken during the program for using in marketing and promotional materials. Culinary Kids Cooking LLC reserves the right to withdraw a student from the program without refund due to the late Parent/Guardian pick up and/or disruptive behavior.

\_\_\_\_\_ I have **read, understand, and agree** to the terms and conditions of this After School Enrichment Program.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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