

**Summer Cooking Camp**  
Registration Form

Cooking group 1: July 6 to 17  
Cooking group 2: August 3 to 14

Child's name: Age: Gender: Cooking group (1 or 2):
Name of parent/guardian: Street address: City: Postal code: Phone: Alternate number:  Emergency contact name: Phone:
Allergies: Medications: Special requirements/instructions:  My least favorite food is: My most favorite food is:
Deposit/payment amount: Date paid: Method of payment (cash, debit, VISA, MC, Amex):
I, _____, agree that I will taste all of the different foods I will learn to make, and my cooking teacher, Ilana, agrees not to make me eat something that I do not like. I also agree to have a lot of fun.  Signatures (please type in for online registration) Child: Parent/guardian:  Date:

*Thank you! See you at Summer Cooking Camp!*



**D'AVIGNON DIGESTIVE HEALTH CENTRE**

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