



Baking Class Registration

Child's Name: _____

Age: _____ Date of Birth: _____ Gender _____

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:

Classes Sign-Up (Please check which classes your child would like to attend)

Cookie Decorating: July 7th (4-8yrs) _____ July 8th (9-12yrs) _____

Cupcake Decorating: July 14th (4-8yrs) _____ July 15th (9-12yrs) _____

Learn to Make Fudge: July 21st (4-8yrs) _____ July 22nd (9-12yrs) _____

Brownies From Scratch: July 28th (4-8yrs) _____ July 29th (9-12yrs) _____

Ice Cream Sandwiches: August 4th (4-8yrs) _____ August 5th (9-12yrs) _____

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

PAYMENT IN FULL IS DUE UPON REGISTRATION

Payment is non-refundable