

REGISTRATION FOR DOUGHREMEKIDS

Date of class/classes:

Name of child:

Age of child:

School name and grade:

Names of parents/guardians:

Address:

Telephone number(s):

Emergency contacts (2):

Email address(es):

Allergies (important):

What does your child like to eat?

What does your child not like to eat?

Are there foods that you would like your child to try or make?

Please return this form to romy@doughremekids.com and mail to Romy Horn at 70 Washington St. PH P, Brooklyn, with your check (or cash in person) made payable to doughremekids.