

REGISTRATION FOR COOKING CLASS

Date of class/classes:

Name of child:

Age of child:

Preschool/Elementary school name and grade:

Names of parents:

Address:

Telephone number(s):

Emergency contacts (2):

Allergies:

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 Horn at 70 Washington St. PH P, Brooklyn, 718.237.2504 with your check (or cash) made payable to doughremekids.