|  |  |
| --- | --- |
|  | Registration Form |

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Age: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian Name: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone Number: |  | Any Siblings Registering: |  | Semester: Fall, Winter or Spring: |  |

|  |  |
| --- | --- |
| Returning Student : | YES NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Does He/ She have any medical and/or food allergies? | YES | NO | If yes, what are they? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Does He/ She have any dietary restrictions (other than allergies? | YES | NO | If yes, what are they? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Does He/ She have any needs that will require special attention? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Session Choice

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Fall/ Winter Semester : | YES | NO | Start Date: \_\_\_\_\_\_\_ | A La Cart Session: | |  |  | | --- | --- | | YES | NO | | Start Date: \_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Select Sessions below:***  Session 1  Session 2  Session 3  Session 4 |  | Session 5Session 6Session 7Session 8: |  |

## References

How did you hear about our classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all persons authorized to pick up your Young Chef

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |  |
| Full Name: |  | | | Relationship: | |  |
| Full Name: |  | | | Relationship: | |  |
| List names of siblings in Academy: |  | | | | | |
|  |  | | |  | |  |
|  | |  |  | |  | |
|  | |  |  | |  | |

## Emergency Contact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Phone Number: |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to child: |  |  |  |

I hereby authorize, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate fully in the Whimsy Cakes Kids Sweets Academy. In consideration for permission to participate, I do hereby, for myself and my heirs and assigns, and on behalf of my child/ward, and for his or her heirs and assigns, release and agree to identify and hold harmless Whimsy Cakes Kids Sweets Academy, Whimsy Cakes by WDE LLC, Top Notch Sweets Academy (Taneka Weldon), and any of the participating staff, their officers, agents, and employees from any and all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I understand that the goal of Whimsy Cakes Kids Sweets Academy is to provide a safe, fun and enriched environment during class hours. I understand that staff will provide for each individual needs to the best of their ability, but that it is not only impossible, but undesirable to have a staff member constantly overseeing each student. Therefore, given the common dangers and tool use of a kitchen, accidents may happen. I have read the above and understand and agree to its content.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Photo Release**

***Please check one of the options below***:

\_\_\_\_\_\_\_\_ •Yes I do give permission for Whimsy Cakes Kids Sweets Academy, Whimsy Cakes by WDE LLC, Top Notch Sweets Academy to use photos of my child on its website and advertisements

\_\_\_\_\_\_\_\_\_•No I do not give permission for Whimsy Cakes Kids Sweets Academy, Whimsy Cakes by WDE LLC, Top Notch Sweets Academy to use photos of my child on its website and advertisements.

***Child’s name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Parent’s Name****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full payment is required at the time of registration prior to class start time.**  Class size is limited.  **Registration is non-refundable.** (There will be no exceptions made to this rule because of the very limited number of spots open in these classes.)  Registration is taken on a first come, first placed basis.     
  
**Dress Code: This will be strictly enforced for the safety of your Young Chefs.**  
Young Chefs should be dressed comfortably but with safety in mind.   **No open-toed shoes are allowed; shoes must be closed and slip-resistant.**  Clothing should not be loose.   Jewelry should not be worn.   Hair clips or bands for long hair should be worn.

**Office use only**

Registration Paid: \_\_\_\_\_\_\_ Paypal Cash Money Order Credit Card

Full Semester Paid: \_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Discount Received: \_\_\_\_\_\_\_\_\_\_\_\_

A La Cart Semester: Sessions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt Paid: \_\_\_\_\_\_\_

[Cite your source here.]