

THE KITCHEN

Kids In The Kitchen

Thank you for signing up your student for our summer program, Kids in the Kitchen. Please find below the following:

- Weekly Itinerary & Outline
- Registration & Waiver
- Payment Information

Once completed, please email the form to

info@thekitchenbakersfield.com

We will contact you within 24 hours to confirm your registration

Weekly Itinerary

Camp is conducted Monday through Thursday

Starting at 1 pm and ending at 4 pm.

Session 1 (June 17 - June 20): Ages 8 - 12

Monday: Breakfast - Frittata with Breakfast Potatoes

Tuesday: Lunch - Grilled Cheese with Tomato Soup

Wednesday: Dinner - Burger Night

Thursday: Dessert - Carrot Cake

Session 2 (June 24 - June 27): Ages 13 - 16

Monday: Breakfast - Frittata with Breakfast Potatoes

Tuesday: Lunch - Grilled Cheese with Tomato Soup

Wednesday: Dinner - Burger Night

Thursday: Dessert - Carrot Cake

Session 3 (July 15 - July 18): Ages 8 - 12

Monday: Breakfast - Chilaquiles & Breakfast Quesadilla

Tuesday: Lunch - Street Style Tacos

Wednesday: Dinner - Pasta made from scratch with red meat sauce

Thursday: Dessert - Chocolate Brownies with Vanilla Whipped Cream

Session 4 (July 22 - July 25): Ages 13 - 16

Monday: Breakfast - Chilaquiles & Breakfast Quesadilla

Tuesday: Lunch - Street Style Tacos

Wednesday: Dinner - Pasta made from scratch with red meat sauce

Thursday: Dessert - Chocolate Brownies with Vanilla Whipped Cream

-Students must wear closed-toe shoes at all times.

-Long hair must be worn and pulled up out of their face.

-It is recommended that all students wear informal, casual clothing for the class.

-All participants, please refrain from wearing tank tops.

Kids In The Kitchen Participant Registration Form

Full Name: _____
Nickname: _____ Male _____ Female _____
Participant Date of Birth: _____ Age during camp: _____
Address: _____
City: _____ State: _____ Zip: _____
Guardian Name: _____
Phone number: _____ Alternative Phone number: _____

Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

Signing up for Week: _____ **Session 1 (June 17 - June 20): Ages 8 - 12**
_____ **Session 2 (June 24 - June 27): Ages 13 - 16**
_____ **Session 3 (July 15 - July 18): Ages 8 - 12**
_____ **Session 4 (July 22 - July 25): Ages 13 - 16**

Kids In The Kitchen Waivers and Informed Consent

I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at THE KITCHEN D.B.A & HJR INVESTMENTS LLC. My Child is fit for the program(s) in which I have enrolled them. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN "KIDS IN THE KITCHEN" COOKING CLASSES AT THE KITCHEN D.B.A & HJR INVESTMENTS LLC WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY OF THE KITCHEN & HJR INVESTMENTS LLC PROGRAM(S). I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING THE KITCHEN & HJR INVESTMENTS LLC AND THEIR REPRESENTATIVES, AGENTS, AND EMPLOYEES FROM LIABILITY AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGNUP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES, AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE "KIDS IN THE KITCHEN" SUMMER CAMP AT THE KITCHEN, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AGREE TO BY SIGNING. I understand that no insurance coverage for participants in these activities is provided by THE KITCHEN & HJR INVESTMENTS LLC.

Signature: _____ Date: _____

Printed Name: _____ Parent _____

Guardian Name and age of Participant(s)

(print): _____

Guardian Email: _____

Phone Number: _____

Kids In The Kitchen Payment Information

Full Name on Credit Card: _____

Card Number: _____

Card Type: _____ Expiration of Card: ____ / ____

VCODE: _____

Billing Address: _____

\$350 per Session per Student

Session 1 (June 17 - June 20): Ages 8 - 12 x ____ Students = \$ _____

Session 2 (June 24 - June 27): Ages 13 - 16 x ____ Students = \$ _____

Session 3 (July 15 - July 18): Ages 8 - 12 x ____ Students = \$ _____

Session 4 (July 22 - July 25): Ages 13 - 16 x ____ Students = \$ _____

Grand Total to be Charged to Card = \$ _____