

Creative Cooking

At the Children's Academy of Springfield
37 Church Mall, Springfield, NJ 07081

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____

HOME TELEPHONE _____ CELL PHONE _____

EMERGENCY CONTACT (1) _____

(2) _____

My child has the following food allergies: _____

My child is a vegetarian: Yes _____ No _____

Fall classes begin the week of October 26th. Please indicate which session(s) below
Fall Session: 10/26, 11/2, 11/9, 11/16, 11/23, 11/30, 12/7, 12/14

Winter Session: 1/4, 1/11, 1/18, 1/25, 2/1, 2/8, 2/15, 3/1

Spring Session: 3/8, 3/15, 3/22, 3/29, 4/5, 4/12, 4/19, 5/3

The hour long session will be held on Tuesdays, 12:00 PM to 1:00 PM.

The fee for this program is \$225 per eight (8) week session. Register for all three sessions and pay \$675, which is a \$30 reduction.

Please make your check payable to Karen Sarno and submit payment along with this form. Tuition is due at the time of enrollment.

The undersigned hereby acknowledges that he/she has read, understands, and accepts the foregoing policies regarding the **Creative Cooking** school at The Children's Academy.

Date

Signature