

Blue Ribbon Culinary Center, LLC

Summer Camp Registration Form

Student Information

Student 1: _____ Age: _____ Camp Dates: _____

Please Circle One: Classic Camp Baking & Pastry Camp Mom & Me
Advanced French Culinary

Student 2: _____ Age: _____ Camp Dates: _____

Please Circle One: Classic Camp Baking & Pastry Camp Mom & Me
Advanced French Culinary

Parent Information

Name(s): _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Emergency Contact Phone #1: _____ Name: _____

Relationship to Student: _____

Emergency Contact Phone #2: _____ Name: _____

Relationship to Student: _____

Medical Information

Allergies: _____

Medications: _____

Does the student need to be given any of their medications during camp hours?

Yes No If so, directions: _____

Other health or Behavioral Concerns:

Blue Ribbon Culinary Center, LLC and its teachers has my/our permission to:

1. Take my child on walks _____ Yes _____ No
2. Take photographs of my child _____ Yes _____ No
3. Allow my child to use knives _____ Yes _____ No
4. Allow my child to use stoves and ovens _____ Yes _____ No

I, the parent of _____, understand and agree to the policies of the Blue Ribbon Cooking Camp.

Parent's Signature _____ Date _____

Blue Ribbon Culinary Center, LLC

Dinner Tickets

Tickets must be purchased by the second morning of camp for Graduation Meal. Please attach payment for tickets.

CLASSIC CAMP: The dinner begins at 6:30pm Thursday.

Adult Tickets: _____ @ \$40.00

Child Tickets: _____ @ \$25.00 (ages 12 and under)

BAKING & PASTRY CAMP: The dinner begins at 6:30pm Thursday.

Adult Tickets: _____ @ \$40.00

Child Tickets: _____ @ \$25.00 (ages 12 and under)

ADVANCED CULINARY CAMP: The dinners begin at 6:00pm.

Tickets: _____ @ \$75.00 (limit 4 tickets per student)

Names of Guests:

1 _____ 2 _____ 3 _____

4 _____

Credit Card Charges

If parents wish to have any portion of their child's camp fees charged to a credit card, please fill out the portion below:

Type of Credit Card: Visa Master Card American Express

Name on Card:

Billing Address for card (if different than address listed above):

Card Number:

Expiration Date:

Security Code (last 3 digits on signature line):

Charge: _____ Camp Fee in Full _____ Supply Fee _____ 50% non-refundable deposit
 Dinner Tickets: _____ @ \$_____ (adults) _____ @ \$_____ (child 12 & under)

Signature of Card Holder: