



# Sweet & Savoury

STUDIO



## REGISTRATION FORM

student name: \_\_\_\_\_ M  F

address: \_\_\_\_\_

city: \_\_\_\_\_ postal code: \_\_\_\_\_

parents names: \_\_\_\_\_ email: \_\_\_\_\_

contact numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

birthdate (mm/dd/yy): \_\_\_\_\_ age: \_\_\_\_\_ (by time of session)

please list any specific allergies, symptoms and/or treatments required:

\_\_\_\_\_  
\_\_\_\_\_

does the student carry  
an epipen?

Yes  No

### emergency contact info

\_\_\_\_\_

name

telephone

cellphone

relationship

### P.A. Day Workshop info

Cost per workshop	9:00am to 4:00pm	\$35 + HST
Before Care	7:30am to 9:00am	\$5 + HST
After Care	4:00pm to 5:30pm	\$5 + HST

### choose your workshop(s)

<input type="checkbox"/> Oct 7 2011	<input type="checkbox"/> Feb 3 2012
<input type="checkbox"/> Nov 18 2011	<input type="checkbox"/> Apr 27 2012
	<input type="checkbox"/> Jun 8 2012

### camp fees

*Special Note:*

*The program and premises are  
peanut free. Lunch and snack  
provided for PA Day workshops.*

PA Day Workshops \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

Before Care \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

After Care \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

**+ 13% HST** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

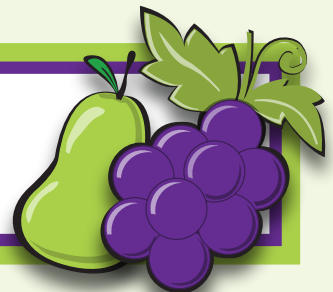
phone: 905-299-0749

email: sweetandsavourystudio@gmail.com

website: www.sweetandsavoury.ca

directors: Kim Jesch & Christine Hann

mail: c/o 563 Joyce Blvd  
Milton, ON L9T 3C7





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## MEDICAL FORM

student name: \_\_\_\_\_ M  F

ohip no.: \_\_\_\_\_

emergency contact: \_\_\_\_\_ telephone: \_\_\_\_\_

Has your child ever suffered from asthma, heart problems, breathing problems or any other medical condition that may affect his/her ability to participate in this program? Yes  No

Is your child on any medication? Yes  No

### **injury waiver**

Each student and his or her legal guardian(s) hereby release Sweet & Savoury Cooking Studio and Directors, Teachers and Employees from claim for personal injury sustained in, or about the facilities.

\_\_\_\_\_  
signature of Parent/Guardian date

### **photography & video waiver**

Each student and his or her legal guardian(s) hereby release Sweet & Savoury Cooking Studio the rights to all photography and video that may be taken by or for Sweet & Savoury Cooking Studio during classes, for use in advertising and promotion, including television coverage.

\_\_\_\_\_  
signature of Parent/Guardian date

### **comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

phone: 905-299-0749  
email: [sweetandsavourystudio@gmail.com](mailto:sweetandsavourystudio@gmail.com)  
website: [www.sweetandsavoury.ca](http://www.sweetandsavoury.ca)

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