

# Kids Cooking Academy After School Enrolment Form



## CHILD'S DETAILS

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Male / Female (Please circle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ class: \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile no: \_\_\_\_\_

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

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Does your child have any food allergies?

Or is there something they can not eat for any reason? Yes / No (please circle)

If Yes, Please list and indicate type of reaction.

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Kids Cooking Academy may take photographs and digital images, video and audio recordings taken from you or your child for use in the following ways. Publications, newsletters, campaigns, websites, social media platforms, other related methods of promotion, any future edition and variations of the above, and both electronic and printed formats of the above.

**I have read and agree to the Kids Cooking Academy Terms and Conditions**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_