

# Kids Cooking Academy

## Private Classes Booking Form



### CHILD'S DETAILS

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

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

Age : \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

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

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

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

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

### BOOKING DETAILS

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

Dish: \_\_\_\_\_

Does your child and your guests have any food allergies? Yes / No (please circle)

If Yes, Please list and indicate type of reaction.

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**KCA may take photographs or video recordings of any class for promotional or commercial use.**

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

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

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