



Myers Cooking For A Cause
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Myers Cooking For A Cause Summer Sessions!

Myers Cooking For A Cause is offering 2 different 1 week summer sessions this year! Students will learn to prepare meals and treats that will be donated to local food pantries. Students will bring home samples of their tasty dishes in addition to helping those less fortunate!

This class is very hands on. Each Myers Cooking For A Cause summer session is unique with students learning to cook homemade meals from scratch during session 1 and students learning to make delicious desserts during session 2. Students can participate in 1 or both summer sessions!

Myers Cooking For A Cause is open to students K-8. Students must be 5 years of age and able to independently able to use bathroom facilities to participate in either session.

Join Mrs. Myers for 1 session or both 1 week summer sessions for a fun cooking experience! In addition to a Myers Cooking For A Cause apron, recipe cards, and recipe card boxes, students will receive a daily snack and drink during each session. The cost is \$125.00 per 1 week session. Students enrolling in both Myers Cooking For A Cause sessions, the cost is \$225.00.

Session 1 – Taste of Homemade Meals from Scratch: August 6th – 10th, 9AM-12PM

Session 2 – Sweet Creations, Delicious Desserts: August 13th – 17th, 9AM-12PM

Only 25 spots available for each session, sign up early to reserve your spot! Students joining Myers Cooking For A Cause must submit enrollment forms and payment by Monday, July 9th to ensure their spot. Note: There are no refunds for missed classes.

Please return payment in an envelope marked Mrs. Myers. Cash or Checks accepted. **Checks should be made out to "MYERS COOKING FOR A CAUSE"***

Please check which summer session(s) you would like to attend below:

Session 1 – Taste of Homemade Meals from Scratch: _____ (August 6th – 10th, 9AM – 12PM)

Session 2 – Sweet Creations, Delicious Desserts: _____ (August 13th – 17th, 9AM – 12PM)

Child's Name: _____ Grade: _____ Emergency# _____

Food Allergies: _____ Email: _____

***** Any questions contact Lori Myers at myerscookingforacause@gmail.com**

Child's name _____ **Nickname** _____
Age as of 6/01/18 _____ Gender M F
School _____ Grade as of 9/1/18 _____
Address _____ City _____
State/zip _____
Home phone _____ Email (required) _____
Parent/guardian Name _____ Work # _____
Cell # _____
Parent/guardian Name _____ Work # _____
Cell # _____
Preferred method of contact: work phone ___ home phone ___ cell phone ___ email ___

Name _____ relationship to child _____
phone # _____

Name _____ relationship to child _____
phone # _____

Name _____ relationship to child _____
phone # _____

Is there anyone your child may NOT be picked up by? _____

Name _____ relationship to child _____
phone # _____

Physician's name _____
 Phone _____
 Name of health Insurance Coverage for Child _____
 Policy Number _____

___ learning disabilities/special needs _____
 ___ allergies (including food and medical reactions) _____
 ___ asthma ___ inhaler used ___ diabetes ___ fainting ___ heart problems ___ hearing
 ___ sinus problems ___ skin problems ___ bone/ joint problems ___ other _____
 medications taken at home: _____

Please complete other side >>>>>>>>>

Parent Permissions-Please initial the following

_____ I give permission for Myers Cooking For A Cause staff to administer medications to my child supplied by parent (if applicable). Must be in original container with written instructions.

Type & dosage _____

_____ I give permission for the Myers For A Cause staff to administer minor first aid treatment to _____ my child.

_____ I give permission to Myers Cooking For A Cause staff to seek medical treatment for my child in the event of an emergency.

_____ I understand that a charge for late pick-ups after sessions will be charged.

_____ All camp payments must be paid in full by July 9, 2018.

_____ I understand that changes to my child's registration must be submitted in writing 7 days before the start of each of my child's session week.

I hereby release and discharge Myers Cooking For A Cause, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at St. Norbert. I authorize Lori Myers, Myers Cooking For A Cause, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge St. Norbert, Myers Cooking For a Cause, & Lori Myers from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow Myers Cooking For A Cause permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/guardian signature: _____

Date: _____

Registration will not be accepted without a properly signed waiver.

For more information, please contact Lori Myers -Myerscookingforacause@gmail.com