

Cooking For a Cause

Let’s build a cake camp!

What’s the scoop?

Join Mrs. Myers in a 1 week of day baking camp! Students will be baking various flavors of cakes in the morning. In the afternoon we will be creating delectable frosting and assembling cute cakes together! Students will be provided all cooking materials. Just come and have fun! Students will take home a sample of their treats each day along with a recipe.

When and where? St. Norbert School – July 31st- Aug. 4th 9am to 2Pm! A snack is provided in the morning. Pack a lunch & bring a water bottle!

Cost? Cost is $225 for the week. A portion of the fee with go to a charity in need. ( I stand by my charitable giving that’s why we cook for a cause) Cash, Checks, Venmo and PayPal available!

More info? Open to grades K –8th! Children must be 5 years of age and be able to use bathroom facilities on their own. Reserve your spot now! Send in payment and registration by June 1st to reserve a spot! No refunds due to sick days or vacation.

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Emergency contact number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Info? Lorraine Myers – [Myerscookingforacause@gmail.com](mailto:Myerscookingforacause@gmail.com) or [Lmyers@stnorbert.org](mailto:Lmyers@stnorbert.org)

**Myers Cooking For A Cause Summer Camp**

**Medical/Permission Form**

**Child’s name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of 6/01/23\_\_\_\_\_ Gender M F

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of 9/1/2023\_\_\_\_\_\_\_\_\_\_\_

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

**Adults authorized to pick up child (other than parent/guardian)**

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper’s Medical Information**

Physician’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of health Insurance Coverage for Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Camper’s Special Conditions**

\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Permissions-Please initial the following**

\_\_\_\_\_ I give permission for Myers Cooking For A Cause Counselors to administer medications to my child supplied by

parent (if applicable). Must be in original container with written instructions.

Type & dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I give permission to a Myers Cooking For A Cause Counselor to administer minor first aid treatment to my child.

\_\_\_\_\_ I give permission to a Myers Cooking For A Cause Counselor to seek medical treatment for my child in the event of an emergency.

\_\_\_\_\_ All camp payments must be paid in full prior to the start of camp.

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 In Myers Cooking For A Cause at St. Norbert. I authorize 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 Myers Cooking For A Cause or St. Norbert 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](mailto:Myerscookingforacause@gmail.com)