

COOK & GROW PROJECT

APRIL 2020 COOKING CLASSES

Tue 14 April – Fri 17 April 2020 – TARADALE HIGH SCHOOL CLASSES

PERSONAL DETAILS FOR ENROLEMENT FOR AGES 8 – 13 YEARS

APPLICATION IS MADE FOR THE BOOKING OF:

1. Child's Name: _____ Date of Birth: _____ Male/Female

2. Child's Name: _____ Date of Birth: _____ Male/Female

3. Child's Name: _____ Date of Birth: _____ Male/Female

Email address: _____

Home Address _____

Mum(s) & Dad(s) &/or Guardian's name: _____ Cell _____

Home Phone: _____ Work Phone: _____

The names of two people, other than the principal caregiver stated above, who (by direction of a person who has custody of the child) are allowed to collect my child or should be consulted if my child is ill or injured or contacted in any situation.

Name:

_____ Relationship: _____

Phone: Home:

_____ Cell: _____

Name:

_____ Relationship: _____

Phone: Home: _____ Cell: _____

Do you mind telling us how you heard about this holiday programme – in your own words!

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DAYS BOOKED FOR CLASSES AT TARADALE HIGH SCHOOL

Day & Date	# of children attending		Cost per Day	Total Cost Per Day
Monday 13 April	NO CLASS		EASTER MONDAY	
Tuesday 14 April		X	\$65.00	
Wednesday 15 April		X	\$65.00	
Thursday 16 April		X	\$65.00	
Friday 17 April		X	\$65.00	
TOTAL PAID				

Mon- Bakers Day: Hot X Buns, brownies, breads & cheesecake

Tue – Lunch Box Day: Bliss balls, rainbow wraps, quiches & slices

Wed – Izakaya Day: Japanese Snack - Gyoza, soba noodles, yakitori skewers

Thu – Mystery Box Day: You decide the dish you make from mystery pantry supplies

Fri: Mad Hatters Tea Party: Fabulously fun finger food & a bring along a silly hat for dress ups

Dishes can be subject to change due to costs or availability

IF YOUR CHILD IS GLUTEN INTOLERANT, please call to discuss, as we ask for a donation of gluten free product i.e. flour, or baking supplies to help with costs, as these products are so expensive.

Medical conditions and/or **food allergies** we should be aware of? Please feel free to call us about any dietary requirements, food allergies, intolerances or restrictions around religious protocols. We take these issues seriously to ensure a happy, healthy day for everyone.

Should your child be required to take any forms of medication or herbal remedies during the days they are with The Cook & Grow Project, please let us know, as we have a separate “medication dispensing” form that will need to be filled out and signed off by parents and Cook & Grow Project staff.

I give permission for my child to participate in all daily activities, including spontaneous trips to local parks or community facilities in the areas around Taradale High School.

I give consent for photographs to be taken of my child for publicity purposes and/or Programme activities
Yes / No

I agree to inform The Cook & Grow Project by telephone by 8:30am if my child will be absent from the programme on any given day.

In our experience, it is highly unlikely that a child in our programme has a “really bad day” that we can’t manage or turn into a “better day” – but just in case, the following clause will be followed.

We have zero tolerance for physical violence, foul language and intentional damage to property or equipment. Parents/caregivers are notified of any disruption caused by their child. If the behaviour is considered a risk to others, your child will be removed immediately and excluded from future attendance. In signing this form, you agree to accept the cost of any damage wilfully caused by your child and you agree to pick up your child immediately if his/her behaviour is deemed unacceptable. No refund will apply.

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PAYMENT DETAILS & CONDITIONS

Please pay total amount via electronic transfer to:

H McNamara **Kiwibank account: 38-9018-0637182-00**

Would you like to receive a receipt for your payment for classes YES / NO

I agree to pay the full amount for either daily or all four days of the programme in advance. These monies are to be paid into the nominated account below 7 days prior to the beginning of the classes.

I agree to pay fees for the time booked whether my child attends or not, including sick days.

I agree to pay a late fee if my child/ren is left at the programme outside operating hours of 09:00 - 3:00pm. This will be charged at the rate of \$25 per 15 minutes, with an instant fee of \$5.00.

I agree to the terms and conditions on the Programme's fee schedule

I agree to give one week's notice in writing when changing or cancelling my child's booking

I confirm \$_____ will be paid in advance before the first day of booking attendance.

By signing this form, I understand my booking is not confirmed until the full amount has been paid.

All information provided on this booking and the original enrolment application is still true and valid.

Any changes to health, medication, custodial agreements have and will be discussed with the programme manager.

I declare that the information I have provided is true and correct.

Signature of Principal caregiver _____ **Date** _____

To ensure contact in an emergency and to facilitate individual care and attention for your child, The Cook & Grow Project follows the principles of the Privacy Act 1993.
As required by the Vulnerable Children Act 2014 this information may be shared with appropriate organisations if there are any concerns for the safety of a child or another family member