

SILVER PLATTER ENTRÉES CAMP REGISTRATION FORM

Fill out and return \$25.00 for EACH WEEK attending. Check attending dates at the bottom.

Note: Registration is non-refundable. Questions? Phone 772-335-1699

CHILD'S NAME: _____

AGE: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ RELATIONSHIP: _____

DAYTIME/CELL PHONE: _____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? PLEASE LIST

PLEASE LIST ANY OTHER NECESSARY INFORMATION NEEDED IN CASE OF AN EMERGENCY (i.e. medical conditions, other allergies, ADD, ADHD, Autism, Aspergers, Behavior Problems, etc.)

IN AN EFFORT TO PROMOTE OUR COOKING SCHOOL, WE WILL BE TAKING PICTURES OF THE CHILDREN DURING THE WEEK. PLEASE READ CAREFULLY AND CHECK THE APPLICABLE BOX BELOW.

My child _____ may have their picture taken
(child's name)

My child _____ may not have their picture taken
(child's name)

Acknowledgement:

Parent's Signature

Date

Weeks Attending:

___ June 13-17 ___ June 27-July 1 ___ July 11-15 ___ July 18-22 ___ July 25-29 ___ Aug 8-12

Mail to: Silver Platter Entrées 1592 S.E. Village Green Drive Port St. Lucie, FL 34952

Email Address: _____