

# We're back....

## Summer Fun in the Kitchen!!!

\*\*\*For children 3-5 years of age\*\*\*

\*\*\*Space is limited to 10 children\*\*\*



### What:

Have some fun and learn creative easy cooking techniques. Your child(ren) get the opportunity to make a snack and bring it home each week along with the recipe to share with family and friends. This program teaches basic cooking skills and promotes fun in the kitchen!

### Where:

70 Main Street, Markham

### When:

Friday, July 17<sup>th</sup>, 2009 to Friday, August 14<sup>th</sup>, 2009  
10:00 to 11:30am

### Cost:

\$40.00 for session

(Payment secures your spot and must be paid before start date!)

### Reminder:

**This program requires pre-registration.  
This is for children age 3 to 5 years.**

**For more information: Call Bessie at 905-471-1620**

### To register:

1. Fill out the form attached, print then sign.
2. Scan then email to [reception@pathwaysyorkregion.org](mailto:reception@pathwaysyorkregion.org)  
Or fax to 905-471-7949
3. Then call Nicole at 905-471-7877 to process credit card payment.



## Pathways Summer Fun in the Kitchen 2009 Registration Form

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

**Participation Information:**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Does the child have any food allergies or preferences? (religious, vegetarian, etc)  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please specify: \_\_\_\_\_

OHIP Number (optional): \_\_\_\_\_

**Adult Information:**

Adult's First Name: \_\_\_\_\_ Adult's Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_

**Emergency Contact:** (if the child at the program should become ill and we need an alternate contact)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Health Policy:**

Please keep your child at home if he/she has a temperature, pink eye, vomiting, bronchitis, rashes, diarrhea, or a contagious disease.

**Waiver:**

1. I agree to accept the health policy.
2. I agree to leave my child under the supervision of the staff at Pathways.
3. I release Pathways for Children, Youth and Families of York Region Inc. from all responsibility in respect to any injuries, which may occur, or result from any activity pertaining to any program of the Family Resource Centres.
4. I agree to make my name, address, and telephone number available to staff member of Pathways for the purpose of notification of closures, meeting, special events and fundraising activities.
5. I hereby authorize Pathways for Children, Youth and Families of York Region Inc. to use my child's picture in still photography or videotape to promote the activities of the Centre or to assist in raising fund for the Centre.
6. **I hereby give permission to Pathways' staff member to seek medical attention for my child if necessary.**

**\*\*\*If your child misses a session we will not be able to refund/make up that day.**

**OHIP # (optional):** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Caregiver Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**