

# HEALTHY COOKING WITH KIDS APPLICATION

www.healthycookingwithkids.com

Leah Diamond (805) 683-2525

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Here is a list of different categories of foods. Please fill this out with your child. Put a "X" next to things your child would like to learn to make:

Pancakes\_\_\_\_ Waffles\_\_\_\_ Muffins\_\_\_\_ Scones\_\_\_\_

Cookies\_\_\_\_ \*Desserts\_\_\_\_ Quick Breads\_\_\_\_

Snacks\_\_\_\_ Smoothies and drinks\_\_\_\_ Appetizers and dips\_\_\_\_

\*Main Dish Salads\_\_\_\_ Veggie Salads\_\_\_\_

\*Quick main dishes\_\_\_\_ Healthy Holiday Desserts\_\_\_\_

Other categories \_\_\_\_\_

\*Be specific about what you have made and what you'd like to make in these categories. Let me know any **specific recipes** you'd like to make (below).

Specific recipes?

\_\_\_\_\_

Do you eat (check all that apply to you):

\_\_\_\_ chicken \_\_\_\_ beef \_\_\_\_ fish

\_\_\_\_ vegetarian dishes

\_\_\_\_ tofu \_\_\_\_ soy products \_\_\_\_ dairy products

What kitchen tools has your child used?

\_\_\_\_ Blender \_\_\_\_ Food processor \_\_\_\_ Wok \_\_\_\_ Waffle maker \_\_\_\_ Electric mixer

\_\_\_\_ Other \_\_\_\_\_

Past experiences with cooking \_\_\_\_\_

Other comments:

# HEALTHY COOKING WITH KIDS APPLICATION

www.healthycookingwithkids.com  
Leah Diamond (805) 683-2525

Please fill this out and return it to me as soon as possible with payment. This will guarantee that you are signed up for the classes you request. If you have any questions, feel free to call me.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate/Age: \_\_\_\_\_ E-mail Address \_\_\_\_\_

**In case of an emergency please contact:**

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Doctor's name Address/Phone number

What specific recipes or categories would you like to make in the classes?

\_\_\_\_\_

**Release:** The child above has my permission to participate fully in Healthy Cooking with Kids classes. I will not hold the camp, Leah Diamond Williams or her staff responsible should my child incur any injury during camp activities. I give permission for photos of my child to be taken during the class and used for publicity purposes.

Parent Signature: \_\_\_\_\_

\_\_\_\_\_ Date