



Teen Cooking Class Program

Location:

The Chef Upstairs is located at 516 Mount Pleasant Drive, just north of Davisville on the west side. Entrance is a blue door next to the bakery '*Half Baked Ideas*'. If you need directions, please call us at 416.544.9221. A map is also available at:

<http://thechefupstairs.com/contact.html>

Class Schedule

Cooking Classes for Teens run from 7pm-9pm on Monday evenings from January 9 to March 5, 2012. No class on February 20th due to Family Day.

Materials Fee:

All materials & ingredients are included in the price of each class.

The price is \$500 plus +HST for the session (8 classes) or \$75+HST per class

Contact Information:

The Chef Upstairs: **416.544.9221**

Owner/Manager: Greg Heller: greg@thechefupstairs.com Cell: **416.347.1545**

Illness and/or Injury / Health Conditions

Parents/guardians should not send their child to class if they are ill. Parents/guardians must complete a medical permission slip before The Chef Upstairs staff can

Administer any medication to a child. Parents will be expected to pick up, as soon as possible, a child that becomes ill or injured at *The Chef Upstairs*. Also, please let the *The Chef Upstairs* know on the Parental Consent Form of any health conditions and related medications.

Allergies: *Please note that due to severe allergies, we cannot allow nuts of any kind (including their products, such as peanut butter) into the studio. Thank you for your Co-operation.*

N.B. Staff should also be informed as to whether an auto-injector may be required if you have a child who is anaphylactic.

Emergency Transportation Policy

If at any time, due to circumstances such as injury or sudden illness, medical treatment is necessary, I (we) authorize the staff of *The Chef Upstairs* to take whatever emergency measures are necessary for the protection of my (our) child while in their care. I understand that this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/ or transporting my (our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation, is my (our) responsibility.

Refund/ Withdraw Policy

Participants wishing to withdraw from classes must do so in person; by telephone or in writing (events@thechefupstairs.com). A 100% refund of the cost will be issued if requested 5 business days prior to the start date of classes. The fee is non-refundable 5 days prior to the start date of the classes. Participant substitutions may be made prior to the start date of the course. Refunds cannot be granted for days missed.

Registration will only be accepted with payment.



Parental/Guardian Consent Form

Please Circle Classes Dates:

January 9; 16; 23; 30; February 6; 13; 27; March 5

PARTICIPANT INFORMATION

Child's Name: _____

Phone: _____

Birth date: _____

Home Address: _____

GUARDIAN INFORMATION	
Parent/ Guardian #1 Name: Name: _____	Parent/ Guardian #2 Name: Name: _____
Relationship to child: _____	Relationship to child: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____

Emergency Information:

Emergency Contact Person & Relationship to child: _____

Home phone: _____

Work phone: _____

Email: _____

Does your child have any special physical, mental, or emotional conditions and/or medications that we should be aware of? Please explain (attach another sheet if necessary, or feel free to contact us to discuss further):



Authorization

By signing below you are indicating that you have read and **agree to all of the policies stated in this document.** In consideration The Chef Upstairs accepting the above minor as a participant in our program and allowing them to enjoy the facilities of the The Chef Upstairs Cooking Classes for Teens, the undersigned parent or guardian on behalf of him/herself and on behalf of the minor applicant, does waive and release each and every right or claim we and each of us have or may have against The Chef Upstairs, its agents, employees, or representatives for all and any injuries, accidents, or mishaps occasioned by or to above named minor while participating in the activities of or in the care of The Chef Upstairs.

Signature of Parent/ Guardian(s):

Date: _____

Payment Type:

*we accept cheque/debit on the first day of class but we require a Credit Card to hold your child's spot in the program.

- Cheque**
- Debit**
- Credit Card (Visa, Master Card, American Express)**

Name on card: _____

Card Number: _____

Expiry: _____



PHOTO RELEASE AUTHORIZATION

Parent/Guardian Consent

I hereby consent to allow The Chef Upstairs to take photos of the above noted child which may be posted on The Chef Upstairs website or other promotional materials. These photos will not be sold or released to any outside agency.

Signature: _____

Date: _____

How did you find out about Teen Cooking Classes

(Please check all that apply.)

- Help We've Got Kids
- Hand-out
- Newspaper
- Web Search
- Radio
- Poster
- Hand-out
- Word of mouth
- The Chef Upstairs Website Headline Banner
- The Chef Upstairs e-Blast Newsletter
- Other: _____

Contact Information:

The Chef Upstairs
516 Mount Pleasant Rd
Toronto, Ontario
M4S 2M2
416.544.9221
Email: events@thechefupstairs.com