



2018 CAMPER REGISTRATION

Classes meet 9:00 - 12:00 PM

Classes held in Schnucks Cooking School

Located at Schnucks Des Peres
12332 Manchester Road, St. Louis, MO 63131

Parent/guardian must complete all forms and return to Schnucks Cooking School along with payment to reserve spot in class. For kids ages 10-17, check out www.schnuckscooks.com for the Cooking School's Summer Boot Camp Program.

Ages 5-7

Week 1: 5-7 years old June 18- June 22

- Jungle Boogie Monday, June 18
- Traveling Taste Buds Tuesday, June 19
- Bake It Easy Wednesday, June 20
- Treats from Tall Tales Thursday, June 21
- Pizza Party Friday, June 22

Week 3: 5-7 year old July 2 - July 6

- Bake It Easy Monday, July 2
- Star Spangled Cookout Tuesday, July 3
- NO CLASS..... Wednesday, July 4
- Oh, The Things We'll Cook! Thursday, July 5
- Tie-Dye Surprise Friday, July 6

Week 5: 5-7 year old July 16 - July 20

- Superhero for a Day Monday, July 16
- Be Our Guest Tuesday, July 17
- Bake It Easy Wednesday, July 18
- Dino-myte Bites! Thursday, July 19
- Pack a Picnic Friday, July 20

Ages 8-10

Week 2: 8-10 years old June 25 - June 29

- Bite Size Delight Monday, June 25
- Fruit Basket Fun Tuesday, June 26
- Bake, Decorate, Celebrate Wednesday, June 27
- Pizza Palooza Thursday, June 28
- Campfire Cooking Friday, June 29

Week 4: 8-10 years old July 9 - July 13

- Ballpark Favorites Monday, July 9
- Tie-Dye Cooking..... Tuesday, July 10
- Cupcake Shoppe Wednesday, July 11
- Throwback Thursday Thursday, July 12
- Breakfast for Dinner Friday, July 13

Week 6: 8-10 years old July 23 - July 27

- Royal Banquet..... Monday, July 23
- Beach Party Cowabunga Tuesday, July 24
- Bake, Decorate, Celebrate Wednesday, July 25
- Sneaky Snacks..... Thursday, July 26
- Fondue Fun Friday, July 27

2018 CAMPER REGISTRATION INFORMATION

A PARENT/ LEGAL GUARDIAN INFORMATION:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Yes, please send me email about future classes at Schnucks!

B EMERGENCY CONTACT:

Full Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Relation to child: _____

C CHILD ATTENDEE INFO:

Child's First Name: _____

Child's Last Name: _____

Child's Age: _____

Does your child have any Food Allergies/Special Needs?

Yes No Please list: _____

Does your child require an Epi-Pen or other medication to be on hand during class?

Yes No Please list: _____

↳ **If yes, you must complete MEDICAL AUTHORIZATION section on the back of this page.**

D REQUIRED FORMS AND PAYMENT

You must complete a new set of forms as well as payment for EACH child you are registering for camp. **Please check each box below to acknowledge that you must also complete and return the following forms and complete payment in order for your child to be registered:**

- FORM: "Camper Registration Form" (in progress!)
- FORM: "Schnucks Cooks for Kids Parent Handbook"
- FORM: "Parent Registration Information"
- PAYMENT: I understand payment must be complete in order for my child to be fully registered.

MEDICAL AUTHORIZATION* *Only fill out if child requires medication to be on hand at camp

MEDICATION REQUIREMENTS FOR CAMP

- 1) ORIGINAL CONTAINER:** ALL meds must be in original container when brought to camp.
- 2) MEDICATION DROP-OFF/PICK-UP:** It is the parent/guardian's responsibility to transfer medication to camp staff at beginning of camp day and pick up at end of day.
- 3) LABELING MEDICATION:** Medications must be labeled with: Child's Name, Instructions (including Times and Amounts for dosages). If prescription medication, MUST also label with Prescribing Physician's Name.

LIST OF MEDICATIONS - please list ONLY medications the child attending camp will need to have on hand during camp.

Medication #1

Proper Name of Medication:	Time(s) of Day*: If medication is "as needed" please list symptoms which warrant administering of the medication.
Dosage:	Possible Side Effects:

Medication #2

Proper Name of Medication:	Time(s) of Day*: If medication is "as needed" please list symptoms which warrant administering of the medication.
Dosage:	Possible Side Effects:

Additional Medications? Please attach additional sheet with details above for each additional medication or email kidscamp@schnucks.com

PARENT/GUARDIAN AUTHORIZATION

I AUTHORIZE SCHNUCKS KIDS COOKING CAMP PERSONNEL TO ADMINISTER THE ABOVE MEDICATIONS TO MY CHILD IF/WHEN NEEDED, AS STATED ABOVE.	CHILD'S NAME (print):
	PARENT/GUARDIAN NAME (print):
	PARENT/GUARDIAN SIGNATURE:
	DATE:

OFFICE USE ONLY: RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

OFFICE USE ONLY: 2018 PARENT HANDBOOK ACKNOWLEDGMENT

Schnucks Kids Cooking Camp staff member must verify that parent/guardian has signed and dated the "2018 Parent Handbook Acknowledgment" form, indicating their acknowledgment of all camp rules stated within.

Staff Signature: _____ **Date:** _____