

MINICHEFS COOKERY COURSE

BOOKING FORM 2010



Please complete both sides of this form.

Name of Child : _____ Age : _____
 Address : _____

 Postcode : _____
 Telephone number : _____ Emergency number : _____
 Doctor's name : _____ Tel Number : _____
 School Attended: : _____ E-mail address : _____

We occasionally take photos of our Minichefs in action. Do we have your permission to use photos of your children for exhibitions, media or advertising? Yes/no

Please indicate your preferred course by ticking the option of your choice:

Saturday Courses - £62.00 for five 1hour lessons

	9.30 to 10.30	11.00 to 12.00	12.30 to 1.30	2.00 to 3.00	3.30 to 4.30
Course 1 - 9 th Jan to 6 th Feb.					
Course 2 - 13 th Feb to 13 th Mar.					
Course 3 - 20 th Mar to 17 th Apr.					
Course 4 - 24 th Apr to 22 nd h May.					
Course 5 - 29 th May to 26 th June					

Saturday Courses - £62.00 for five 1hour lessons

	9.30 to 10.30	11.00 to 12.00	12.30 to 1.30	2.00 to 3.00	3.30 to 4.30
Course 6 - 4 th Sept to 2 nd Oct.					
Course 7 - 9 th Oct to 6 th Nov.					
Course 8 - 13 th Nov to 11 th Dec.					

MINICHEFS COOKERY COURSE CLASS

HEALTH DECLARATION FORM

The welfare and safety of your children is our priority.
Please complete this form accurately and with due care and attention.

Does your child suffer any ongoing medical condition? Yes / No
If yes please give full details:

Will it affect his/her performance during our lessons? Yes / No
If yes please explain how it might affect his/her performance:

Does your child take regular medication that may be needed during lesson or in an emergency? Yes / No
If yes what medication and when/why should it be taken:

Does your child have any allergies, in particular food allergies? Yes / No
It is very important we are aware of this.
If yes please give full details:

A St John's Ambulance "First aid for people who work with young children" certified supervisor will be present at each lesson.

I am the parent/guardian of _____ and declare that the information I have submitted on this form is true and complete. I confirm that I give permission to MINICHEFS to act as appropriate in an emergency and I have provided them with a valid emergency contact number on which I can be contacted. MINICHEFS cannot be held liable for any accident or incident that might occur during the lesson.

No responsibility can be taken by MINICHEFS for the loss or damage to property during the lessons. This health declaration form must be completed to ensure your booking is secured.

Parents' name (please print) : _____ Date : _____

Signature : _____

Please make cheques payable to MINICHEFS JERSEY LIMITED. Course fees are non-refundable.

Course bookings will be confirmed in writing on receipt of payment.