

Our goal at My Healthy Home Chef is to provide all of our students with an exiting cooking education! Your child will be learning in a professional cooking environment with professional equipment such as stove, mixers, knives and additional equipment. Use of this equipment is monitored at all times, and proper safety methods are taught without fail. For the safety of your children and others please review the following policies regarding enrollment. Once you have read the following information, please sign, date and return the registration form prior to the first session in which your child will be participating. No class registration will be considered complete and /or final, nor will any child be allowed to participate in the kids classes at MHHC prior to receipt of this signed release. Please understand that MHHC makes no exceptions to the following conditions.

1. Only a parent or legally recognized guardian may register a child for the kids cooking classes.
2. Participation in the children cooking classes is solely at the risk of the parent or guardian enrolling the child.
3. Due to the potentially dangerous nature of cooking equipment and tools, it is the responsibility of the registering parent or guardian to ensure the proper placement of the child with regard to the child skill's level. MHHC and its employees cannot accept liability for any injury or damages that your child may suffer related to premises of MHHC or participation of activities sponsored by MHHC. Every effort will be made by MHHC and its employees to ensure the safety of your child while on the premises of MHHC.
4. All weeks feature a different project, but the skill and level is the same for beginning or intermediate classes. Once your child completes two beginners weeks (or has similar experience), they are eligible for an intermediate week. Same applies for advanced classes. If your child has never spent time in a kitchen, they would be in Level 1 beginner. If they have had some experience with cooking/baking then they are most likely ready for level 2 intermediate. Please contact MHHC with any questions as to the skill level of the child and appropriate placement prior to class registration. MHHC can arrange to meet with your child to get a level recommendation prior to final enrollment.
5. If an emergency or illness occurs while your child is on the premises of MHHC and MHHC staff determines that the situation is life threatening or otherwise potentially hazardous to your child, your child's health or any property, we may escort the child from the premises of the building. We may at that time request any personal, governmental or professional assistance that is deemed necessary to protect the welfare of the child.
6. MHHC may not administer any medication to any child. If the child has a pre-existing condition requiring or a need for prescribed medication, please ensure that these needs are met either prior to or after day's session.
7. For the welfare of everyone, if your child is sick on a class day, please keep him/her home for the day. Every effort will be made to provide your child with the missed day's activities. Please call to make arrangements for a make up sessions.
8. Please make arrangements to arrive no earlier than 10 minutes prior to the commencement of the class, and to retrieve your child no later than the scheduled conclusion of class.
9. Any personal belongings of the enrolled child or the parent or guardian that enter the premises of MHHC remain the sole responsibility of the child, parent, or guardian. MHHC shall not be responsible for lost, stolen or damaged property or belongings.

Emergency Release Agreement and Acknowledgement

I have read, understand and agree to abide by the conditions stated above. I understand that my child is enrolled in classes at MHHC at my own risk and liability.

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
 Parent(s)/Guardian(s) (Specify): \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_ Home#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Person Picking Up Child : \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_ Home#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Phone# \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_