**Shining Starr**

**Learning Academy**

1535 Cogswell Street Ste. D29

Rockledge, FL 32955

321-400-9044

**COOKING CAMP**

Date: July 9-13

Time: 9:30 a.m. to 12:00 p.m.

Cost: $200 *All ingredients are covered in the fee.*

Age: 9 – 14 years old

# of children: 8 first come first serve **(must be paid to guarantee spot)**

\*\*If your child has any food allergies, please do not sign up for this camp.

The children will make lunch. They will work as a team and learn how important math is in any kitchen. Best of all, they will eat their delectable creations.

All camp participants must be able to follow instructions and work together as a team. All recipes must be voted on unanimously.

Please make checks payable to Shining Starr Learning Academy.

Registration fee is ***NON-REFUNDABLE***.

Child’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s emergency contact cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I authorize my child to participate in the **Cooking Camp**.

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Signature Printed Name Date Signed