



THE JUNIOR BAKERS CLUB



PRESENTED BY SWEET HAVEN & CO.

More than a baking club...
**A PLACE TO BUILD CONFIDENCE,
CREATIVITY & LIFE SKILLS!**

*Hands-on baking.
Real skills.
Sweet memories.*

- REAL BAKING & CULINARY SKILLS
- TREATS AROUND THE WORLD
- BAKING SCIENCE & FUN LABS
- CREATIVITY & DECORATING
- CONFIDENCE, TEAMWORK & RESPONSIBILITY

PROGRAM DETAILS

- FALL SEMESTER**
September 4 – December 18
- FRIDAYS**
3:00 PM – 5:30 PM
- AGES 9–13** (GRADES 4–8)
- ENROLLMENT LIMITED TO 12 JUNIOR BAKERS!**

EVERY JUNIOR BAKER RECEIVES:

- ✓ Official Junior Bakers Club Apron
- ✓ Baker's Bag
- ✓ Baker's Journal
- ✓ Starter Baking Tool Kit
- ✓ Program Materials



SPECIAL CLUB FEATURES

- BAKER OF THE MONTH
- TREATS AROUND THE WORLD
- "YES, CHEF!" CLASSROOM EXPERIENCE
- FOOD SCIENCE LABS
- END-OF-SEMESTER FAMILY SHOWCASE

BUILDING CONFIDENT, CREATIVE & CAPABLE YOUNG BAKERS!

INVESTMENT

- MONTHLY TUITION**
\$100
- REGISTRATION FEE**
\$35*
*Final amount subject to confirmation.

Ready to Join the Adventure?

Come mix, create, decorate, explore and discover the joy of baking—one recipe at a time!



REGISTRATION DEADLINE:
FRIDAY, AUGUST 14

SPACES ARE LIMITED!
Registration will close once all 12 spots have been filled.

QUESTIONS? CONTACT:
Zariyah Williams, Instructor
sweethaven.co@gmail.com
321 948 1761

SWEET HAVEN & CO.
SH
BAKING • CREATING • INSPIRING

The kitchen is calling...
WILL YOU ANSWER?



THE JUNIOR BAKERS CLUB



ABOUT OUR CLUB

The Junior Bakers Club is an after-school culinary club for young bakers ages 9–12. Students learn real baking skills, explore new flavors, conduct food science experiments, and build confidence in a fun, safe, and encouraging environment.

LOCATION
130 Ave G SE
Winter Haven, FL 33880

JUNIOR BAKER ENROLLMENT FORM

Presented by Sweet Haven & Co.

AGES
9–12
(GRADES 4–6)

FALL SEMESTER
Sept. 4 – Dec. 18

FRIDAYS
3:00 PM – 5:30 PM

TUITION
\$100 / month

REGISTRATION FEE
\$35 (one-time)

STUDENT INFORMATION

Child's Full Name: _____
Date of Birth: _____ Age: _____
Grade: _____ School: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____
Relationship to Child: _____
Primary Phone: _____ Secondary Phone: _____
Email Address: _____
Preferred Contact: ☐ Call ☐ Text ☐ Email

EMERGENCY CONTACTS

Contact #1
Name: _____ Relationship: _____
Phone: _____ Authorized Pick-Up: ☐ Yes ☐ No
Contact #2
Name: _____ Relationship: _____
Phone: _____ Authorized Pick-Up: ☐ Yes ☐ No

AUTHORIZED PICK-UP LIST (18+)

Only the following individuals may pick up your child.

NAME	RELATIONSHIP	PHONE

MEDICAL INFORMATION

Allergies (Food, Medication, Environmental): _____
Medical Conditions: _____
Current Medications: _____
Carries EpiPen or Emergency Medication? ☐ Yes ☐ No
If yes, please explain: _____
Physician: _____ Phone: _____
Health Insurance Provider: _____

DIETARY RESTRICTIONS & EXPERIENCE

Please list any dietary restrictions or foods your child should not consume.

Has your child taken baking classes before? ☐ Yes ☐ No
What are they most excited to learn? _____

LIABILITY WAIVER

I understand the risks involved in kitchen activities and release Sweet Haven & Co., The Junior Bakers Club, its owners, instructors, assistants, volunteers, and affiliates from any liability for injury, illness, or damages except where caused by gross negligence or willful misconduct.
Initials: _____

MEDICAL AUTHORIZATION

In the event I cannot be reached during an emergency, I authorize Sweet Haven & Co. to obtain emergency medical treatment for my child if deemed necessary.
Initials: _____

PHOTO & VIDEO RELEASE

I grant permission for photos/videos of my child to be used for promotional purposes.
☐ YES, I give permission
☐ NO, I do not give permission
Initials: _____

ALLERGY & FOOD SAFETY

I understand foods may contain or come into contact with common allergens and that we cannot guarantee an allergen-free environment.
Initials: _____

CLUB EXPECTATIONS

- ✓ Treat others with respect
- ✓ Follow kitchen safety rules
- ✓ Use equipment responsibly
- ✓ Participate positively
- ✓ Clean workstation after each class
- ✓ Listen carefully during demonstrations
- ✓ Have fun and try your best!

Parent Initials: _____ Student Initials: _____

ATTENDANCE & PICK-UP POLICY

- Please notify the instructor if your child will be absent.
- Missed classes cannot be refunded or rescheduled.
- Children must be picked up promptly.
- Only individuals on the authorized pick-up list may pick up your child. Identification may be requested.

Parent Initials: _____

WHAT'S INCLUDED

- ✓ Official Junior Bakers Club Apron
- ✓ Baker's Journal
- ✓ Baker's Bag
- ✓ Starter Baking Tool Kit
- ✓ Program Materials

PAYMENT INFORMATION

Monthly Tuition: \$100 | Registration Fee: \$35 (one-time)
Payment Method:
☐ Cash ☐ Card ☐ Cash App ☐ Other: _____
Payment Due Date: _____
*Final amount subject to confirmation.

PARENT / GUARDIAN ACKNOWLEDGMENT

I certify that the information provided is accurate and complete. I have read and understand the Club Overview, Expectations, Attendance Policy, Waivers, and all other policies. I agree to abide by them.
Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____ Date: _____
Student Signature: _____ Date: _____
Instructor Signature: _____ Date: _____



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