Nanny's Kitchen Registration Form

Adult Student / Parent / Guardian

Last Name		First Name		
Address				
City		State	Zip	
Home #	Work #	Cellu	lar#	
E-mail:				
Student #1				
Last Name		First Name		
Age		Birthday		
Special Needs / Allei	rgies / Medications			
Emergency Contact	Name / Number			
Class #	Date(s)	Time	Fee	
Student #2				
Last Name		First Name		
<u>Age</u>		Birthday		
Special Needs / Aller	rgies / Medications			
Emergency Contact	Name / Number			
Class #	Date(s)	Time	Fee	
employees, agents, repr for intentional miscondu I authorize employees of	resentatives and volunteers for ct or gross negligence, arision f Nanny's Kitchen or supervise	from any and all claims I or m ng from or relating to my chi sing adults to obtain necessa	y and all affiliated organizations, their ny child may have, excluding claims ld's participation in this class. ary medical treatment for my child in about which a healthcare provider	
Insurance Name		Policy #		
Signature		Date		
Total Amount Enclose				
Make Checks Payable	To: Nanny's Kitchen			

No refunds given after the first class.

Refund Policy: A refund will be given before the date of the first class, less a \$10 processing fee.

Mail To: