



Please Print Information on Form
Today's Date _____

8 JKCA CULINARY ACADEMY APPLICATION - 1

Child's Information:

Last Name: _____ First Name: _____ MI: _____
 Nickname: _____ Gender: _____ Female _____ Male Birth Date: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone #: _____ Home Phone #: _____
 Previous School: _____
 Current School: _____ School Phone #: _____ Grade Completed: _____

Parent(s)/Guardian(s) Information:

Parent /Guardian: _____ Birth Date: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone #: _____
 Place of Employment: _____ Employment Address: _____
 Primary E-Mail: _____
 (To receive program updates)

Parent /Guardian: _____ Birth Date: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone #: _____
 Place of Employment: _____ Employment Address: _____
 Primary E-Mail: _____
 (To receive program updates)

Person or agency having legal custody: _____
 Address if different from above: _____

EMERGENCY CONTACT INFORMATION: (Must list 2; local and other than Parent(s)/Guardian(s) listed above)

First Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Company Name: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Second Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____ Company Name: _____
 Cell Phone: _____ Alternate Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____
 Person(s) NOT authorized to PICK-UP your child: _____ Relationship: _____

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

9 JKCA CULINARY ACADEMY APPLICATION - 2

Why do you want to participate in a culinary program? _____

Medical Information: _____

Allergies or intolerance to food, medication, or any other substance:

If an allergic reaction occurs, please list steps to relieve reaction:

Chronic physical problems, pertinent developmental information, any special accommodations needed:

For special accommodations, or to share important information about your child, please schedule a meeting with the Program Director.

Does your child take medications or vitamins on doctor's orders? _____

Please specify: _____

Emergency Medical Authorization:

I give Jackie's Kidz Culinary Academy a division of Jackie Robinson Park and Fame, Inc. permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of Jackie's Kidz Culinary Academy. I also give permission for my child to be transported by ambulance, staff vehicle or aid car to an emergency center for treatment. I authorize Jackie's Kidz Culinary Academy to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs and I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies. I understand that the provider will make every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider: _____ Policy #: _____

Parental Agreements:

I GIVE PERMISSION FOR MY CHILD _____, TO ATTEND JACKIE'S KIDZ CULINARY ACADEMY PROGRAM AND TO PARTICIPATE IN ALL ACTIVITIES AND FIELD TRIPS. I AUTHORIZE JACKIE'S KIDZ CULINARY ACADEMY TO USE PHOTOGRAPHS AND VIDEOS OF MY CHILD FOR THE PURPOSE OF TELLING THE PROGRAM STORY AND PROMOTING THE MESSAGE OF THE PROGRAM. I UNDERSTAND THAT THE PROGRAM IS NOT RESPONSIBLE FOR THE PERSONAL PROPERTY OF THE PARTICIPANT(S). IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH THE PARENT(S) OR GUARDIAN(S) OF THE PARTICIPANT(S).

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the Parental Agreements outlined above.

Parent/Guardian Signature: _____ Date: _____