

Calling All 3rd and 4th Grade Chefs!

Cadette Troop 1738 is hosting cooking classes to achieve their Silver award. Learn how to make tasty treats the fun and easy way! Sign up here:

Cooking Class #1

February 12th from 3:45 - 5:15 pm
St. Louis Kitchen

Cooking Class #2

February 26th from 3:45 - 5:15 pm
St. Louis Kitchen

Cooking Class #3

March 12th from 3:45 - 5:15 pm
St. Louis Kitchen

Cooking Class #4

March 26th from 3:45 - 5:15 pm
St. Louis Kitchen



Planned lessons include making pies, no-bake treats, breads, and a complete meal!

The fee is \$40 per class for one student for all four classes. Checks should be made out to Troop 1738. Clearly note any food allergies on the permission slip, as well as any dates student will be in EDC if needed.

Please send check and permission slip through kid mail: Amelia Hooper 7-105.

If you have any questions please email Mrs. McCabe at mccabeka@cox.net.



Parental Permission Single Activity Form

This form is mandatory for any activity outside of the normal meeting site/time. This form is also mandatory whenever an activity involves a sensitive issue, including activities occurring during troop meetings. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the troop leader for three years.

ACTIVITY INFORMATION (To Be Completed By the Troop/Group Leader)

Activity Type: ☒ Day Trip ☐ Overnight ☐ High Adventure ☐ Sensitive Issue

Description of Activity: Cooking Class Activity Cost: \$40 Transportation: _____

Activity Start and End Date(s): 2/12, 2/26, 3/12, 3/26 Activity Location: Saint Louis School

Departure Time and Location: 3:45pm Return Time and Location: 5:15pm

Leader: Kathy McCabe Adult-In-Charge: same Emergency Contact: Front Office

Phone 1: 703-624-5095 Phone 1: _____ Phone 1: 703-768-7732

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: mccabeka@cox.net E-mail: _____ E-mail: _____

Additional Information: Students must follow all instructions and safety rules to participate.

Complete the Parent/Guardian Permission Statement below and return to: Troop 1738 c/o 7-105 by: 2/11/19
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts Nation's Capital's policies, standards, and guidelines regarding safety and adult supervision.

PARENT/GUARDIAN PERMISSION STATEMENT (To Be Completed By the Parent/Guardian)

Name of Child: _____ Description of Activity: _____

CONTACT INFORMATION DURING THE ACTIVITY

Parent/Guardian: _____ Parent/Guardian: _____ Emergency Contact: _____

Phone 1: _____ Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____ Phone 2: _____

E-mail: _____ E-mail: _____ E-mail: _____

I understand that I am responsible for ensuring that my child is prepared to participate in this activity as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for this activity: ☐ Yes ☐ No

I understand that I must provide written permission for the first-aid to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aid, along with the medication which must be in the original container: ☐ Yes ☐ No

When participating in Girl Scout activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA: ☐ Yes ☐ No

For High Adventure Activities Only: I understand that during this activity, my child will be exposed to an above normal risk of injury. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in this activity: ☐ Yes ☐ No N / A

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate: ☐ Yes ☐ No N / A

My child is a registered Girl Scout, and I give her permission to participate in the activity described above: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Food Allergies (if none, state NONE): _____

EDC for these dates (if N/A, state N/A): _____