



Cooking For A Cause-Summer Baking Camps

[July 18th-July 22nd) (Aug. 8th - Aug. 12th)

Ms. Myers is offering 2 weeks of half day baking camp! Students will be creating delectable treats from scratch! Students will learn various baking techniques. They will be provided with all baking materials. Just come and have fun! Students will take home a sample of their treats. Ms. Myers will be following all Chester County Health Dept Guidelines. A portion of the fee will go to a charity in need and baking goods donated to a local food pantry.

Open to grades K –5th! Children have to be 5 years of age and be able to use bathroom facilities on their own. A snack and drink along with recess time will be provided each day. Reserve your spot now! Payment is due by June 1st. No refunds due to sick days or vacation. Email Ms. Myers or drop off at SNS now to reserve your spot! Limited space available!

My contact info: Lori Myers (Myerscookingforacause@gmail.com)

Childs Name: _____ **Grade :** ____

Emergency contact number : _____

Food allergies: _____

Email: _____

Cost & Payment info: Cost is \$175.00 For each week- Family Disc. \$175.(1st child) \$150 (2nd child), \$125 (3+child/ren). Camp is from 9 to 12 . I accept Venmo, Paypal and checks made out to Myers Cooking For A Cause. You will receive a confirmation email from me with more information.

Cooking For A Cause- Lori Myers– Owner

11 Davis Road Apt 5 Phoenixville, Pa 19460

484-363-3307 myerscookingforacause@gmail.com

Myers Cooking For A Cause Summer Camp Medical/Permission Form

Child's name _____ **Nickname** _____
Age as of 6/01/22 _____ **Gender** M F
School _____ **Grade as of 9/1/2022** _____
Address _____ **City** _____
State/zip _____
Home phone _____ **Email (required)** _____
Parent/guardian Name _____ **Work #** _____
_____ **Cell #** _____
Parent/guardian Name _____ **Work #** _____
_____ **Cell #** _____
Preferred method of contact: __ work phone __ home phone __ cell phone __ email

Adults authorized to pick up child (other than parent/guardian)

Name _____ **relationship to child** _____
_____ **phone #** _____
Name _____ **relationship to child** _____
_____ **phone #** _____
Name _____ **relationship to child** _____
_____ **phone #** _____
Is there anyone your child may NOT be picked up by? _____

Emergency Contacts

Name _____ **relationship to child** _____
phone # _____

Camper's Medical Information

Physician's name _____
Phone _____
Name of health Insurance Coverage for Child _____

Policy Number _____

Camper's Special Conditions

___ **learning disabilities/special needs** _____
___ **allergies (including food and medical reactions)** _____
___ **asthma** ___ **inhaler used** ___ **diabetes** ___ **fainting** ___ **heart problems** ___ **hearing**
___ **sinus problems** ___ **skin problems** ___ **bone/ joint problems** ___ **other** _____
medications taken at home: _____

Please complete other side >>>>>>>>>>

Parent Permissions-Please initial the following

_____ I give permission for Myers Cooking For A Cause Counselors to administer medications to my child supplied by

parent (if applicable). Must be in original container with written instructions.

Type & dosage _____

_____ I give permission to a Myers Cooking For A Cause Counselor to administer minor first aid treatment to my child.

_____ I give permission to a Myers Cooking For A Cause Counselor to seek medical treatment for my child in the event of an emergency.

_____ All camp payments must be paid in full prior to the start of camp.

I hereby release and discharge Myers Cooking For A Cause, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation In Myers Cooking For A Cause at St. Norbert. I authorize Myers Cooking For A Cause, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge Myers Cooking For A Cause or St. Norbert from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow Myers Cooking For A Cause permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/guardian signature: _____

Date: _____

Registration will not be accepted without a properly signed waiver.

For more information, please contact Lori Myers @ Myerscookingforacause@gmail.com