



Kids In The Kitchen

CHILDREN AGES 3-5

Come ready to bake, cook, and have a great time with other kids your age. Children will create delicious snacks, treats, or meals to eat and/or take home with them. Parents are encouraged to participate with their child. Bring your appetite! *Limit 15 participants.*

Fee: \$10 per child, per class

Days/Dates: Tues-1/29, Wed-2/20, Tues-3/12, Tues-10/22, Wed-11/6

Location: Lowe Park

Time(s): AM Classes: 10-11 a.m.

PM Classes: 6-7 p.m.

Notes: These are parent-child classes. A new recipe is introduced each month.

REGISTRATION DEADLINE: 1 Week Prior To Class Date

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Participant's Name: _____ Gender (*Circle One*): Boy or Girl

D.O.B.: _____ Age: _____ Grade (*2018-19*) _____

Circle Date(s) AND Time(s):	January 29 <i>Tuesday</i>	AM CLASS <i>10-11 a.m.</i>	PM CLASS <i>6-7 p.m.</i>
	February 20 <i>Wednesday</i>	AM CLASS <i>10-11 a.m.</i>	PM CLASS <i>6-7 p.m.</i>
	March 12 <i>Tuesday</i>	AM CLASS <i>10-11 a.m.</i>	PM CLASS <i>6-7 p.m.</i>
	October 22 <i>Tuesday</i>	AM CLASS <i>10-11 a.m.</i>	PM CLASS <i>6-7 p.m.</i>
	November 6 <i>Wednesday</i>	AM CLASS <i>10-11 a.m.</i>	PM CLASS <i>6-7 p.m.</i>

Parent's Name(s): _____ E-mail: _____

Address: _____ Phone: _____

Parent's Signature: _____ Date: _____

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

RETURN FORM & PAYMENT TO:

Marion Parks and Recreation, 4500 Tenth Street, Marion, IA 52302

For questions or more information please contact Marion Parks & Recreation at 319-447-3590