

# KIDS COOKING CAMP APPLICATION

**SESSION 1: August 07 – 11, 2017**  
**SESSION 2: August 14 – 18, 2017**



Presented by **The Livingston Food Resource Center & Park County 4-H / MSU Extension**

**THE LFRC'S KIDS COOKING CAMP** is a fun-filled week designed to help children ages 6-9 learn kitchen safety, sanitation, basic cooking skills, and how to make quick and healthful alternatives to snack food. It helps children develop healthful dietary habits that will make them healthier adults. In Summer 2017, the camp fee is \$30 for the first child, \$20 for each additional sibling. Two identical sessions will be offered for 18 children each. Both sessions run daily from 9am -1pm and include lunch.

## APPLICATION PROCESS:

1. Complete front and back side of this application form.
2. Send or deliver this application along with your payment to:

**The Livingston Food Resource Center**  
**202 South 2<sup>nd</sup> Street, Livingston, MT 59047 | 406.222.5335**

[Applications will be accepted through **FRIDAY, July 28<sup>th</sup> at 1pm** or until both sessions are filled.]

## LOCATION:

Sleeping Giant Middle School  
Family and Consumer Sciences Room  
301 View Vista Drive, Livingston, MT 59047

## PARTICIPANT INFO:

\_\_\_\_\_ Gender:  M  F  
Child's Last Name First Name

\_\_\_\_\_ Age as of 08/01/16  
Date of Birth

Has she/he participated in Kids Cooking Camp before?  No  Yes: Year(s): \_\_\_\_\_

## COOKING CAMP ACTIVITY / HEALTH AGREEMENT (Please include ALL information):

1. Emergency Contact Info:  
1st (Name | Phone): \_\_\_\_\_ | \_\_\_\_\_  
2nd (Name | Phone): \_\_\_\_\_ | \_\_\_\_\_
2. Individual(s), other than those above, to whom the camp may release your child:  
\_\_\_\_\_
3. Does your child have any known allergic reactions (food, medicine, plants and/or insects)?  
\_\_\_\_\_
4. Please list any chronic illnesses, specials needs or other conditions of which the Cooking Camp supervisors should be aware.  
\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY:

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_  Payment Received Session:  1  2

**Continued on Back**

---

**SESSION PREFERENCE:**

Kids Cooking Camp will be offered twice this summer. Please check your preferences in the boxes below.

**August 7-11, 2017, 9am – 1pm daily:**    1st Choice    2nd Choice    Not Able to Attend

**August 14-18, 2017, 9am – 1pm daily:**    1st Choice    2nd Choice    Not Able to Attend

---

**PARENT ENGAGEMENT:**

Kids Cooking Camp needs adult volunteers to assist throughout the program with various camp activities. Please check the boxes below on days you're able to help volunteer at the camp (No training necessary).

	Monday	Tuesday	Wednesday	Thursday	Friday
Session 1 (Aug. 7-11)					
Session 2 (Aug. 14-18)					

Are you able to chaperone/drive participants on a field trip?    No    Yes: Total # of Children: \_\_\_\_\_

---

**COOKING CAMP AUTHORIZATION:**

I \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in The Livingston Food Resource Center Kids Cooking Camp and associated field trips.

I understand that I will be advised of the details for the field trips, including the dates, who will chaperone the group, the mode of travel, and the planned activities. In case of a medical emergency, if I cannot be reached, I give permission for the supervisors of the Cooking Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation.

I agree to release and hold harmless the sponsoring organization, host facility, and their representatives in the case of an accident or injury. I forfeit any right to sue the Livingston School District, the Livingston Food Resource Center, Park County 4-H and MSU Extension, and their officers and volunteers.

---

**PARTICIPATION AGREEMENT:**

I AGREE TO THE TERMS ABOVE.

_____ Parent or Guardian Name (Printed)	_____ Signature	_____ Date
_____ Mailing Address	_____ City	_____ State    _____ Zip
_____ Phone Number	_____ Email (Please write extra legibly. This is our primary means of communicating with parents.)	

**Thanks!**

Once your child is confirmed in a session, you will receive an email confirmation from the LFRC. Look out for an email two weeks before camp starts with more specifics on the camp, including confirmation of volunteer time slots, field trips, and camp director contact info.

---