



Registration

Yes, I would like to register my child for **I can cook!**

Child Last name, first name	
Parent / legal guardian Last name, first name	
Address	
Telephone / Email	

Does your child have an **allergy** or can she / he not eat certain foods for special / religious reasons?

Yes

No

If yes: My child may not eat the following foods:

I **agree** that my child will help prepare and consume the food. The same applies for the food that other participating children prepare.

Date + Signature of the parent / legal guardian