Summer Culinary Camp

General Information

Mark your Calendars! Culinary Camp will run:

* Monday, June 19th - Thursday, June 22nd

The camp will run from 11am to 1pm. Students will get to eat what they make at camp. The minimum number of students for the camp is 6 and the maximum capacity for the camp is 12. The culinary camp will cost $200 per student, cash or check payable to SJCS.

The menu is TBA. Students will have all the necessary materials and will just need to show up, cook, and eat!

**What to bring to camp?**

All ingredients will be provided and well as mixing bowls, pans, spatulas, whisks, parchment paper etc. The only things that I need for students to bring are:

* snacks and/or lunch
* water bottle/drink
* apron (optional)

Due Date

To secure your spot at baking camp, please be sure to complete the following:

1. Turn in permission slip to Mrs. Evans by **Friday, May 19**.
	* Remember that only 12 spots are available, so "*first come, first served"*.
2. Turn in $200 cash or **check payable to SJCS** to Mrs. Evans by **Friday, May 19**.

Summer Culinary Camp

Students will need to use ovens, burners and other cooking tools. We will go over proper and safe guidelines before we begin, but accidents can happen.

Please fill out the form below, giving permission for your child to use oven, baking tools, and attend the 2023 Culinary Camp. Please fill out separate forms for each participating student.

Permission Slip to Sign-Up for Baking Camp

I would like to sign up my student for Culinary Camp for the following week:

Monday, June 19th - Thursday, June 22nd (11am – 1pm)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Cell Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Other Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact Name/Relationship Cell Phone Number

Please list any allergies/medical concerns for this student below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date