## To be filled out by parent or guardian

Child's name(s):
Child's grade in upcoming school year:
Name of school:
Child's name(s):
Child's grade in upcoming school year:
Name of school:
Child's name(s):
Child's grade in upcoming school year:
Name of school:
N (D ())(C ()
Name of Parent(s) / Guardian(s):
Cell phone:
Work phone:
Home address:
Parent email address:
Food allergies: Do any of the adults or children attending
have food allergies? 🚨 Yes 🚨 No
If yes, explain:
Date Attending: 🚨 Wednesday, June 7
☐ Tuesday, July 18
☐ Thursday, July 20
☐ TWednesday, July 26

Student Cooking form to be completed and mailed with a check for \$15 per class made payable to:

SBL Healthy Communities 655 West Lincoln Ave, Suite 13 Charleston, IL 61920 Contact
Josh White, Healthy Communities
217-345-6826
jwhite2@sblhs.org

Make checks payable to
Healthy Communities
and mail application/check to:
SBL Healthy Communities
655 W. Lincoln Ave Suite 13
Charleston, IL 61920





## Parent & Child Cooking Class



