

CLINTON PARKS AND RECREATION

201 KILLINGWORTH TURNPIKE, INDIAN RIVER COMPLEX, ROUTE 81, CLINTON, CT 06413 (860) 669-6901

Kids' Kitchen

Grades 1, 2 and 3

All classes are held at the Joel School from 3:15 - 4:45 p.m.

Class Size: Minimum of 6 and Maximum of 12

\$26 PER CLASS



January 24th Homemade Ravioli and English Muffin Pizzas!



This month we will make a dinner for your families to enjoy. Come join us and make homemade raviolis along with English pizzas for a snack. We will make and assemble the raviolis all during class so when you go home that night all you have to do is boil them and have a tasty meal for you and your family to enjoy. At the end of each workshop the Young Chefs will leave with a packet of info on how to recreate what we made in class and tasty treats for their family to try.

February 14th Chocolate Covered Apples and Tortilla Snowflakes!



This month we will celebrate chocolate by making chocolate covered apples. We will place sticks in our apples, coat them with chocolate and decorate them with sweet little candies and then bag them up to either give as a gift or enjoy at home. We will also be making tortilla snowflakes for a great snack. At the end of each workshop the Young Chefs will leave with a packet of info on how to recreate what we made in class and tasty treats for their

March 21st Shamrock Pretzels!



This month we will make shamrock pretzels to celebrate Saint Patrick's Day! We will be measuring, mixing, kneading and baking our own pretzel dough to take home and enjoy. At the end of each workshop the Young Chefs will leave with a packet of info on how to recreate what we made in class and tasty treats for their family to try.

You make either Register On-line: <http://parkrec.clintonct.org> OR Return this form with Payment to the P & R Office:

Name: _____ Age: _____ Grade: _____ F/M _____

Address: _____ Best Phone: _____

Parents Name: _____ EMAIL REQUIRED: _____

Allergies/Medical: _____

Emergency Contact: _____ Best Phone: _____

Register for any of the following: January 24th February 14th March 21st

I give permission for my child to participate in this program. I understand that the Recreation Department, the Town of Clinton, and any other person or Town Agency will not be responsible for any injuries as a result of participating in this program. I understand that I must carry my own accident and liability insurance for my child. I am familiar with the inherent risks of this program.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

OFFICE USE: PAYMENT AMT: _____ CHECK#/CASH #: _____ DATE _____

