

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



Return this form with payment to the Parks and Recreations OR Enroll online today at [HTTPS://parkrec.clintonct.org](https://parkrec.clintonct.org)

April 10th:



This month we will make dinner for your family. Come join us and make homemade ravioli's along with English muffin pizzas for a snack. We will make and assemble the ravioli's 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.

May 8th:



This month we will make a meal for your families by measuring, mixing, kneading our own pizza dough to take home and enjoy. We will also enjoy eating some pizza during class. 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.

June 6th: (Thursday)



Summer is just around the corner. Since we will be home with our families we will learn how to make homemade baked chicken nuggets so we can help make dinner. Along with this tasty dinner will make smoothies that will give us great energy for all our summer activities. 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.

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

Address: _____ Best Phone: _____

Parents Name: _____ EMAIL _____
REQUIRED:

Allergies/Medical: _____

Emergency Contact: _____ Best Phone: _____

Register for any of the following: April 10th May 8th June 6th

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 _____

