

CLINTON PARKS AND RECREATION

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

Kids' Kitchen

Grades 1, 2, 3 & 4

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

Class Size: Minimum of 6 and Maximum of 12

\$28 PER CLASS



October 2nd Ghosts, Goblins, and Ghouls!



Young Chefs of Clinton, let's gear up for ghosts, goblins and ghouls! We will be working with fondant, melted chocolate and other fun candies to create spooky cupcake toppers. We will also be making yummy pizza-rolls. At the end of each workshop the young chef will leave with a packet of info on how to recreate what we made in class and tasty treats for their family to try.

November 13th Thanksgiving Turkey Cookie Treats!



Young Chefs of Clinton, let's gear up for Thanksgiving this month and make turkey cookie treats. We will start the class by making pumpkin muffins and while they bake we will create delicious edible turkeys. At the end of each workshop the young chef will leave with a packet of info on how to recreate what we made in class and tasty treats for their family to try.

December 11th Snowman Cupcakes and Stuffed Shells!



Young Chefs of Clinton, let's gear up for the holidays. We will learn how to make snowman cupcakes and stuffed shells for the family. This time of year is very busy so let's learn how to make an entree and dessert we can serve for a holiday meal. At the end of each workshop the young chef will leave with a packet of info on how to recreate what we made in class and tasty treats for their family to try.

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

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

Address: _____ Best Phone: _____

Parents Name: _____ EMAIL REQUIRED: _____

Allergies/Medical: _____

Emergency Contact: _____ Best Phone: _____

Register for any of the following: October 2nd November 13th December 11th

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 _____

