



KITCHEN EXPLORER'S AFTER SCHOOL CLUB AT COJ!

WE WILL EXPLORE FOODS FROM AROUND THE WORLD, GET MESSY WITH EDIBLE SCIENCE EXPERIMENTS, PLAY IN THE GARDEN, AND CREATE HEALTHY AND DELICIOUS SNACKS. LETS LEARN, CREATE, AND EXPLORE TOGETHER!

TUESDAY OR WEDNESDAY

3 TO 6 YEARS OLD

\$70 PER MONTH

(PLUS A 1 TIME SUPPLY FEE OF \$30 PER SEMESTER)

FOR MORE INFORMATION, OR TO REGISTER

PLEASE CONTACT MS. KARINE karinecampbell@att.net

OR MS. SONDRRA sunnysgl@yahoo.com

KITCHEN EXPLORER'S CLUB 2024-2025 REGISTRATION

(There is a 5 child minimum per day for club to proceed)

Participant Information:(circle one) Session A- **Tuesday ONLY** or Session B- **Wednesday ONLY**

Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Allergies and/or medical conditions: _____

COJ Class: _____

Parent/Guardian Information:

Name: _____

Address: _____ Phone #: _____

Emergency Contact Information:

Emergency Contact Name: _____ Phone #: _____

Child's Physician (Name & Phone #): _____

Kitchen Explorer's Club

- Club meets from 2:00 pm - 2:45 pm on either Tuesday or Wednesday.
- The day you choose will be your child's day for the entire month.
- We kindly ask that you commit to the Kitchen Explorer's Club for the semester.
- We will follow the COJ! Calendar regarding holidays, breaks & inclement weather.
- Classes begin Tuesday, September 10, 2024 & end Wednesday, May 7, 2025. (We will not have classes on December 10th, December 11th, May 13th, and May 14th. No payment will be due for December or May.
- Payments may be made via COJ! account.
- Classes end promptly at 2:45pm. We are unable to supervise students after this time due to clean up activities. *A late fee of \$1.00 per minute will be incurred for late pick up.
- Withdrawing your child from the program requires a 7-day written notice prior to the withdrawal.

Emergency and Liability Release

- I will not hold Sondra Glaesmann, Karine Campbell, Children of Joy! Preschool, Spirit of Joy! Lutheran Church, and/or their staff responsible for accidents, claims, and/or damages arising from my child's participation in Kitchen Explorer's Club.
- I give my consent for necessary emergency treatment when my child is in the care of any emergency medical services, physicians, and/or hospital.
- In the event I cannot be reached to make emergency medical treatment for my child, I authorized the staff person(s) in charge to take my child to the following physician or nearest emergency treatment center as needed:
- Signing this form indicates I have read it in its entirety and agree with the terms set forth.

Signature: _____ Date: _____

Relationship to child: _____