

2023 Summer Camp Application Form

Each child in a family requires his or her own application form. Complete all sections and mail with payment to: Culinaria Cooking School, 110 Pleasant Street, NW, Vienna, VA 22180. Please include any comments about your child that may be helpful to the instructors on a separate sheet.

Camper:					
· _	Last	First	Nickname		
_	Date of Birth (mm/dd/yy)	Age	Entering Grade in Fall		
Parent/Guardian:					
	Last	First	Relationship		
Home Address: Street _					
City/State/Zip _					
Phone Numbers:					
	Daytime (Home or Wo	rk) Cell			
E-Mail Address:					
	(Used for Camp Enrollment Confirmation and/or Notifications)				
Emergency Contact: _					
(Other than Parent)	Name	Relationship to Child	Phone Number		
Medical:					
	List any food allergies and/or dietary restrictions.				
Release from Camp: I authorize my child may I	oe picked up from camp by:				
Parent:					
Other:					

Select the desired camp session. Use the Priority column if you'd like to indicate 1st, 2nd or 3rd choice of camp sessions. Each child in a family requires his or her own application form.

Week of	Time	Camp Session	Instructor
June 19-23	9:30am - 12:30 pm	Food from Around the World	Viviana Alvarez
June 19-23	2:00 - 5:00pm	Baking with Tami	Tami Plummer
June 26-30	9:30am - 12:30 pm	Comfort Foods	Viviana Alvarez
June 26-30	2:00 - 5:00pm	A Taste of Italy	Brian Batsel
July 03 - 07	9:30am - 12:30 pm	Baking with Less Sugar	Viviana Alvarez
July 03 - 07	2:00 - 5:00pm	Kids Favorites	Brian Batsel
	_		
July 10 – 14	9:30am - 12:30 pm	Breakfast All Day	Viviana Alvarez
July 10 – 14	2:00 - 5:00pm	From Breakfast to Dinner and in	David Collier
		Between	
July 17 – 21	9:30am - 12:30 pm	Food from Around the World II	Viviana Alvarez
	2:00 - 5:00pm	Dinners Around the World	David Collier
July 17 – 21	_		
July 24 - 28	9:30am - 12:30 pm	Nothing Makes Sense These Days	Viviana Alvarez
July 24 - 28	2:00 - 5:00pm	Street Food Around the World	Viviana Alvarez
July 31 - August 04	9:30am - 12:30 pm	Baking with International Flair	Brian Batsel
July 31 - August 04	2:00 - 5:00pm	Baking with International Flair	Brian Batsel
August 7 - 11	2:00 - 5:00pm	Regional American Favorites	David Collier



2023 Summer Camp Release Form

Camper:	Last	First		Nickname
Shirt Size (Circle One): If no shirt size is indicated, Adu		to Child L)	Adult M	Adult L
Payment Method: \$500 Payment Amount Enclos Credit Card: (See last p	ed: \$	tion Form)	Check Numb Cash	er:
Parent Permission I understand that my chil safeguards as a home ki cooktops, and will be tau agree that Culinaria Coo or liable for accidents, los strikes, quarantine, weat regulations, nor is responactivity or annoyance. I a trustees, agents and empactions, judgments and exproperty arising out of my	tchen. He or she will be ght to use kitchen tools wing School, its Officer as, damage, death, delener irregularity, equipmensible for illness from for gree to release and he bloyees, and agree to expenses, upon any da	e around high he with sharp imples, Administrators lay or expense a nent failure, vehicood or otherwise old harmless Culindemnify each ounage, loss or injects.	eat elements including over ements including knives s, employees and staff are rising from acts of God, to cle accidents, governmen , detention, assault, theft inaria Cooking School, its of them from any and all of	ens and and blenders. I e not responsible errorism, wars, at restrictions or or criminal s officers, claims, cost suits,
Cancellation Policy I understand that Culinar and offered a full refund of the child's seat, any refund is	or a seat in another se	ssion, if available	e. I understand that if I ne	ed to cancel my
Camper's Code of Cone All campers must follow to acknowledge that I have	he code of conduct to			
Dress Code All campers must follow to read and reviewed the dractivities if the proper clowill not result in a refund	ess code with my child thing/shoes are not wo	d. I am aware tha	it my child may be exclud	led from camp
Medical Treatment I give my permission to to In the event of a serious give my permission for tr at camp. List any food re	injury, Culinaria will co ansport and treatment	ntact emergency at a local hospita	al. Parents will be notified	ediately. I hereby I about all injuries
Photo Release				Initials
I give permission for my pictures including social local newspapers and tel	sites (Facebook, etc.)	and possibly in th	nird party publications and	
By initialing the permission	ons and releases abov	e, I acknowledge	e that I have read and agi	ree to each item.
Parent/Guardian Sig	nature (required)	_		Date



Credit Card Authorization:

Payment Amount: \$					
Credit Card (circle one):	VS	MC	AE		
Name on Card:					
Billing Address (if different from	om Home	Address	s):		
Street Address				_	
City		State		Zip Code	
Card Number:					
Expiration Date:					
Security Code:				_	
□ Lauthorize Culinaria Cooki	ina Schoo	ol to char	ge the a	mount listed above to	this card

If placed on waitlist, payment will be processed when a space becomes available.