



## SUMMER CAMP 2018 AT J&D CAKES!!!

Have your kids spend their summer with **Food Network's Cake Wars Champions Joel and Daniela!!!** J&D will teach your kids how to bake and decorate cakes, cupcakes, cookies and cookies in a fun and exciting way. Class size is limited to 10 campers per day so don't wait until the last minute to sign up!!

**Days** – Tuesdays to Fridays

**Time** - 10AM to 2PM

**Ages** - 7 to 15

### **PRICING:**

**PICK AND CHOOSE YOUR DAYS (Tues, Wed, Thurs or Fri)**

\$75 per day

### **WEEKLY DISCOUNT**

Attend all four consecutive days in one week and save \$20 off (\$300 less \$20 = **\$280 for the week**)

### **MULTI-WEEK DISCOUNT**

Attend at least 2 weeks and save \$35 off each week (\$300 less \$35 = **\$265 each week**)

### **Camp Details:**

- All paper goods, cups and plastic utensils will be provided
- Mini sandwiches and drinks included (soda, juice or water)
- Each child will decorate their sweet treats which will be taken home at the end of each day.
- Chef aprons to wear during the camp

**TUESDAYS: COOKIES** - Kids will learn how to decorate cookies using royal icing, fondant and edible decorations

**WEDNESDAYS: CAKES** - Kids will learn basic cake decorating skills using buttercream, fondant and edible decorations

**THURSDAYS: CUPCAKES** - Kids will learn how to decorate cupcakes using buttercream, fondant and edible decorations

**FRIDAYS: CAKE POPS** - Kids will learn how to decorate cake pops using melted chocolate, fondant and edible decorations

**PLEASE COMPLETE REGISTRATION FORM COMPLETELY:**

**CIRCLE WEEK SELECTION**

WEEK 1 - June 5 to 8	WEEK 6 - July 10 to 13
WEEK 2 - June 12 to 15	WEEK 7 - July 17 to 20
WEEK 3 - June 19 to 22	WEEK 8 - July 24 to 27
WEEK 4 - June 26 to 29	WEEK 9 - July 31 to Aug 4
<del>WEEK 5 - July 3 to 6 (Cancelled due to the holidays)</del>	WEEK 10 - Aug 7 to 10

**FOR INDIVIDUAL DAYS, INDICATE EXACT DAYS** \_\_\_\_\_

**CHILD'S INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Mailing Address \_\_\_\_\_

Please include any information you would like us to know about your child

\_\_\_\_\_  
\_\_\_\_\_

**PARENT'S INFORMATION**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**CAMPER'S MEDICAL INFORMATION**

Medical Attention/Allergies (Circle One) YES NO

If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Payment Type (Circle One) VISA Mastercard American Express

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Charge Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

<b>REFUND POLICY</b> If you cancel before May 1 <sup>st</sup> , receive full refund less \$25 processing fee If you cancel between May 1 <sup>st</sup> – May 31 <sup>st</sup> receive a full refund minus a \$50 processing fee No cancellation after May 31 <sup>st</sup> Sorry but absence, cancellations or no shows are not eligible for refunds or make ups	<b>ILLNESS POLICY</b> If your child shows any of the following symptoms, he/she will be sent home immediately: High Fever (100 degrees F or higher) Diarrhea, Vomiting, Severe Cough, Difficulty Breathing Runny Nose, Red Eyes Refunds will not be issued for days missed.
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Permission to Participate: Release of Liability and Authorization for Medical Treatment

The named camper \_\_\_\_\_ is in good health and has my permission to participate in this camp. I hereby release J&D Cakes and all their respective employees, officers, directors, agents, officials, and volunteers from and against any liability claims and demands for any injury or illness incurred at the program.

I, \_\_\_\_\_ hereby assume complete financial responsibility for any personal injury and property damage created as a result of an intentional or negligent act of my child while he or she is attending camp.

If my child needs medical treatment and my consent cannot be obtained, I also agree that J&D Cakes has my consent to appropriate medical treatment for my child. This may include but not limited to first aid treatment or calling of 911 services.

This release will be in effect during the camp/program dates listed above

Date: \_\_\_\_\_ Signature: \_\_\_\_\_