



SUMMER CAMP 2020 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 20 campers per day so don't wait until the last minute to sign up!!

Days – Mondays to Fridays

Time - 9AM to 2PM

Ages - 7 to 15

PRICING:

DAILY PRICE (PICK AND CHOOSE YOUR DAYS)

\$80 per day

WEEKLY PRICE

\$350 for the week

Attend all five consecutive days and save \$50 off

(\$400 less \$50 = \$350 for the week)

GROUP/SIBLING DISCOUNT

\$325 for the week if you sign up 3 or more at the same time

(\$400 less \$75 = \$325 for the week)

After Care (after 2PM) - \$15 per hour

Camp Details:

- 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
- All paper goods, cups and plastic utensils will be provided
- Drinks included (juice or water)
- No lunch offerings so you will need to bring your own

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

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

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

THURSDAYS: BROWNIES - Kids will learn how to make brownies

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

REGISTRATION FORM

CIRCLE WEEK SELECTION

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

Email Address: _____ Work/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 _____

Charge Authorization Signature _____ Date _____

Amount to be charged \$ _____

REFUND POLICY If you cancel before May 1 st , receive full refund less \$25 processing fee If you cancel between May 1 st – May 31 st receive a full refund minus a \$50 processing fee No cancellation after May 31 st Sorry but absence, cancellations or no shows are not eligible for refunds or make ups	ILLNESS POLICY 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.

I acknowledge that J&D Cakes has done all precautions to keep their facility clean and sanitized, so if my child contracts any virus or illness (including Covid-19), I agree to release J&D Cakes from and against any liability claims

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: _____