

MCKINLEYVILLE PARKS AND RECREATION
2024 McKinleyville Cooking Camp
Supplementary Registration Form

Participant Name(s): _____ **Age(s):** _____

Session Dates (for reference only)

Session 1: June 17-21

Session 2: June 24-28

Attendance Status for Full Sessions Only (please check sessions needed)

Half Day (12:30pm-4:30pm) Sessions: 1 2

McKinleyville Cooking Camp Fee Structure	
Resident - All Week Half Day: \$130.00	Non Resident - All Week Half Day: \$135.00

Please list YOURSELF and any individuals and their contact number that are authorized to pick up your child and in case of an emergency in the order you want them called.

Persons authorized to pick up Minor:

Your Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

What food allergies does your child have? _____

Does your child have special dietary needs? _____

Does your child have a physical/medical or mental limitation or any other allergies the child care staff should be aware of? _____