



Becoming the Healthiest Community in Australia



IHF Kid's Kitchen Project Enrolment Form

Child Information

Name: _____ Date of Birth: _____

Parent or Guardian Name: _____ Relation: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

School Child Attends: _____

Emergency Contact (different option than above)

Name: _____ Phone: _____

Relationship to Child: _____

Who will be regularly picking up the child from the classes: _____

Medical Information:

The information on this form will be held in strictest confidence. Our first concern is your child's safety, and ensuring they have a healthy and positive experience.

Please list any dietary restrictions or food allergies. If your child has a serious food allergy please consider sending an EpiPen.

Please list any culturally inappropriate foods or allergy concerning foods your child is not permitted to have

Does your child have any other allergies (medicine, environmental, etc.) that we should be aware of?

Does your child have any physical, mental, emotional or social conditions that we should be aware of in order to make their experience more successful?*

Is there anything else we should be aware of in relation to your child?

*If you fail to disclose information to us relevant to your child's ability to participate in class prior to the commencement of class their enrolment will be reviewed by the co-ordinator and may be cancelled.

Ipswich Hospital Foundation Agreement

FOOD IN CLASS:

Children will be supplied with a snack at the beginning of each class as well as the food that will be cooked during class. Therefore we ask that children do not bring outside food into class due to the risk of cross-contamination as there may be other children in the class with food allergies.

EQUIPMENT REQUIRED:

Children are required to bring a water bottle and a display folder each week to class. The display folder will be used to store class activities, food diaries that the children will be required to take home and complete at the beginning and end of the program and recipes from each class.

SAFETY:

IHF Cooking and Nutrition classes are hands-on and students are required to use various kitchen utensils and cooking equipment. We are committed to safety and health at all times in our kitchen. Students are supervised at all times and will be given age-appropriate tasks. Parents should be aware, however, that participation may involve using sharp utensils and children will be working with and in close proximity to kitchen equipment and hot surfaces. Classes may also involve handling of raw food items, including meat. Safe sanitary practices will be reviewed with the students. By signing this form, the parent/guardian releases the Ipswich Hospital Foundation, the owner and employees from all liability for injuries and/or damages incurred in connection with attendance in a cooking and nutrition class.

ATTIRE:

Class participants are required to wear enclosed shoes. It is recommended that shoes be rubber-soled and/or non-slip. Short sleeves are preferred and long hair should be tied back. No loose jewellery, dangling earrings, bracelets or necklaces should be worn. If children are not in appropriate footwear they will not be permitted to cook for health and safety reasons.

SANITATION:

Proper hand washing with warm water and soap is required after using the bathroom, sneezing, coughing or handling raw food products. Hand washing is the single most important activity that can be done to prevent food-borne illnesses.

SCHEDULING:

The Ipswich Hospital Foundation reserves the right to cancel classes when deemed necessary and/or when unavoidable.

LATE PICK-UP POLICY:

Parents are expected to pick up their child when class ends. There is a 15 minute grace period.

PHOTO, VIDEO OR OTHER RECORDING CONSENT:

By signing this form you, the parent/guardian, gives consent to the Ipswich Hospital Foundation to use images or filmed footage of cooking and nutrition classes in printed materials or on the web for the purposes of promoting the classes and the Ipswich Hospital Foundation. Please note there is no compensation for the use of your child’s likeness in any of our materials. Please indicate if you do not wish to have your child photographed or filmed.

MEDICAL CONSENT:

By signing this form the parent/guardian gives permission for medical treatment to be administered to their child by a qualified medical professional in the event of an emergency. Every effort will be made to contact the parent or emergency contact, but in the event that no one can be reached the signer authorises Ipswich Hospital Foundation to act on behalf of and in the best interest of the child.

STUDENT RESPONSIBILITIES:

Students are expected to show respect for others, follow directions from teachers and staff, and abide by all class rules. The Ipswich Hospital Foundation reserves the right to stop a child from cooking, send a child home or decline their return if their behaviour is inappropriate.

IN CASE OF EMERGENCY:

If you have any issues/queries regarding the lessons or change of pick-up person please contact Kayley on 0447 339 832.

EVALUATION:

By signing this form you are agreeing to complete evaluation surveys for your child/ren before and after the program and complete and return them in a timely manner. It is a condition of enrolment that all children have their before survey completed and returned by the second class.

COST:

The classes are \$5 per session required as \$45 upfront by cash or credit card, unless otherwise negotiated with Kayley, IHF Kid’s Kitchen Coordinator.

PREFERRED PAYMENT METHOD:

\$45 in cash first week

\$45 by card first week

Parent/ Guardian Signature

Date