

2012 Summer Cooking Camps Student Registration Form

Student Name:	Last	First	MI
Parent Name:			
	Last	First	MI
Street Address:			
	Street (Apt. #)	City & State	Zip Code
Phone:			
	Home / Office	Cell	
E-mail:			
Emergency Cont	tact:		
(Non-Parent)	Home / Office	Cell	Relationship
Medical Info:			
inio.	List any food allergies	and/or dietary restrictions.	Please note – Just Ca
	is NOT a "nut free" ha		Piease note – Just C

Tuition Information:

Tuition for all summer camps is \$355.00 per course. A NON-REFUNDABLE deposit of \$100.00 is due upon the completion of this registration form. All remaining tuition fees are due NO LATER than ONE MONTH prior to start date of the camp. There is no fee due if you are asking to have your child placed on the waiting list. If you are notified by Just Cakes that a spot in a particular camp has opened up, your child's enrollment is not secured until the above-mentioned deposits or tuition payments have been made.

Cancellation Policy:

Due to the limited spaces available, cancellations must be made at least 30 days prior to the first day of camp. NO refunds, credits or camp rescheduling will be provided for cancellations made after this time. Any camp cancellations made at least 30 days prior to the camp start date will receive a refund minus the \$100.00 non-refundable deposit.

Camps may be canceled if there is insufficient enrollment. If such a cancellation is deemed necessary, all tuition expenses will be returned and Just Cakes will notify campers two weeks prior to the start date of the camp.

Payment Information:

Please check the box indicating the payment amount enclosed.

☐ Total Session Fee: \$	_	
□ Non-refundable \$	-	
Deposit:	_	
CC Number:	Exp:	Billing Zip Code:
If paying by check, make checks payable to Just Method of Payment:	st Cakes	
If tuition expenses are not paid in full at registre	ation, please select or	ne of the following options:
$\ \square$ I hereby authorize Just Cakes to charge the reaccount listed above 30 days prior to the start day		on balance to the credit card
$\hfill I$ will send the remaining tuition balance to Ju the start date of the camp. (Mailing address prov		out NO LATER than 30 days prior to
Just Cakes Agreement & Waiver: 1. I, the undersigned, individually and as parent ask that he/she be admitted to participate is this my child/children will be in an industrial kitche kitchen. I agree that Just Cakes and its employed loss, or damages.	cooking camp sponson that does not have t	ored by Just Cakes. I understand that he same safeguards as a home
2. I hereby give my permission to the staff at Ju minor cuts and/or burns. In the event of a seriou staff that emergency treatment is needed, and if transport and treatment at a local hospital.	is injury where it is do	eemed necessary by the Just Cakes
3. I hereby give Just Cakes my consent that any child posed may be used by Just Cakes, its assig including newspaper, audiovisual productions, t purposes.	gns or successors, in v	whatever way they may desire,
4. I hereby agree that my child will obey by all home from the camp with no refund. This include other close-toes shoes and clothes that do not have equipment while attending camp.	des the requirement th	nat all campers wear tennis shoes or
By my signature I acknowledge that I have read Cakes Agreement and Waiver, paragraphs 1 – 4		ns and conditions detailed in the Just
Parent / Guardian Signature	Date	

Please send all completed registration forms and payments by mail to:

Just Cakes 4849 Rugby Ave. Bethesda, MD 20814