

## AFTER SCHOOL COOKING & CREATIVE PROGRAM

Mayfair Clubs After School Cooking and Creative program will teach your child the basics of cooking leading to a junior chef in training as well as learn to paint and enhance their arts and craft skills. All projects are take home to show off their talents. This program is open to children in senior kindergarten through to grade 8 and runs until 6pm each day. We can pick up your child from Morse Street School and walk them to Mayfair Lakeshore.

### COOKING & CREATIVE

Children will learn the basics of cooking leading to a junior chef in training, painting, and enhance their arts and craft skills.

**Days:** Tuesday & Thursday

**Cooking:** 3:30pm - 4:30pm

**Creative:** 4:45pm - 5:45pm

**Pick up by 6pm**

### AFTER SCHOOL PROGRAM DATES:

- Fall - September 14th - December 18th, 2020**
- Winter - January 4th - March 12th, 2021**
- Spring - March 22rd - June 18th, 2021**

### CHOOSE ANY DAYS

\$25 for one day or \$40 for two days

After School Cooking & Creative - 3:30pm to 6pm

- Tuesdays
- Thursdays

### PLEASE SUBMIT FORM TO:

Mayfair Lakeshore

801 Lake Shore Blvd. E., Toronto

Phone: (416) 466-3777 ext. 2250

E-mail: lakeshoredholland@mayfairclubs.com



MAYFAIR LAKESHORE

801 Lake Shore Blvd. E.

Toronto, ON M4M 1A9

(416) 466-3777

## AFTER SCHOOL COOKING & CREATIVE PROGRAM

MORSE STREET PUBLIC SCHOOL



[mayfairclubs.com](http://mayfairclubs.com)

## REGISTRATION

### Participant's Information

<input type="text"/>	<input type="text"/>	
LAST NAME	FIRST NAME	
<input type="text"/>	<input type="text"/>	
MEMBER #	GENDER	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	
<input type="text"/>	<input type="text"/>	
HEALTH CARD NUMBER	PHYSICIAN'S NAME & PHONE	
<input type="text"/>	<input type="text"/>	

*Please specify any medical conditions with regards to participant (allergies, special needs).*

### Parent/Guardian's Information

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME
<input type="text"/>	
ADDRESS	
<input type="text"/>	<input type="text"/>
CITY	POSTAL CODE
<input type="text"/>	<input type="text"/>
HOME PHONE	BUSINESS PHONE
<input type="text"/>	<input type="text"/>
CELL PHONE	E-MAIL
<input type="text"/>	<input type="text"/>

## REMINDER FOR PARENTS

A Parental Consent Form must be filled out by the parent or guardian that picks up or drops off the child. A Mayfair Clubs representative will meet your child after school at a designated meet-up area, appointed by the school. We will then take attendance and transport your child via bus over to Mayfair Lakeshore.

*\*Be sure to pack an extra snack as we will allow snack time prior to play. After the each session, parents will pick-up their child at Mayfair Lakeshore in the squash area. Parents will be charged \$25 for every 15 minutes that they are late for pick-up*

## WAIVER

General Disclaimer: SIGNATURE (By registering, you are acknowledging that you have read and agreed to the information on this website.) By use of club facilities, I expressly agree that Mayfair Clubs, its officers, directors, employees, servants or agents, shall not be liable in any manner whatsoever for any damages of any nature or kind whatsoever arising from any injuries sustained by me while in or about the premises of said facilities; nor shall Mayfair Clubs, its officers, directors, employees, servants or agents, be held liable for any loss or theft, however caused, whether such injury, loss or damage is caused by an act of negligence or omission of staff, management or any other person. I hereby grant Mayfair Clubs permission to use any photographs or video of the participant in publications, displays, presentations or other related use in any format (print, electronic, www site, or other media) for the purpose of promoting Mayfair Clubs events, activities and projects. I waive any copyright or other rights I may have in use of images.

Covid Disclaimer: I am fully aware of the risks and hazards inherent in my attendance at the Premises and participation in the activities of the Club due to COVID-19 and I voluntarily, knowingly and freely assume all risks associated with participating in the activities of the Club and entering the Premises, including, but not limited to, my own actions or inactions (or the actions or inactions of my minor child/ward), the actions or inactions of others (including but not limited to the Club owners, officers, directors, managers, staff, volunteers or visitors), illnesses, infections, contact with others (including but not limited to the Club owners, officers, directors, managers, staff, volunteers or visitors), navigating any, and all, obstacles and any defects of the Premises. This waiver is in addition to and does not replace all other Mayfair Clubs waivers.

PARENT/GUARDIAN SIGNATURE

*\*Billing will be on a monthly basis. Program will not run unless there are a minimum of 6 (six) children.*

I, \_\_\_\_\_ hereby authorize Mayfair Clubs to charge my credit card for agreed upon purchases and services. I further understand and authorize Mayfair Clubs to keep the above credit card information on file, encrypted in our electronic system, for any future authorized transactions with Mayfair Clubs.

### Payment Method

Charge Member Account    Charge Card On File    Visa/Amex/MC

<input type="text"/>	<input type="text"/>
CREDIT CARD NUMBER	EXPIRY DATE
<input type="text"/>	
NAME ON CREDIT CARD	

(SHRED AFTER USE)