

Bedminster Township Recreation



At Ms. Gail Cooking we strive to make sure every class teaches healthy eating and nutrition while learning to prepare simple recipes safely. My staff and I work closely with each child teaching them how important it is to eat healthy in order to grow big and strong! This program has had great success in helping “picky” eaters to try new foods and enjoy them!

Skills Learned for our Program:

- ◆ Mixing and measuring
- ◆ Mashing, rolling, spreading, pouring
- ◆ Identify kitchen tools and use safely
- ◆ Safety in the kitchen
- ◆ Food Pyramid
- ◆ Food Groups/My Plate
- ◆ Handwashing and cleanliness in the kitchen
- ◆ Patience and Independence
- ◆ Reading basic recipes

COVID 19 Updates & Safety Precautions:

- ◆ All Staff is fully vaccinated and gloved
- ◆ Children are kept in their cohort
- ◆ Class size 8-12 children
- ◆ Cooking utensils and equipment changed for every group
- ◆ Children’s’ hands are washed before and after lesson

Kids Cooking will be held in the Bedminster School Family & Consumer Science Room #262 immediately following the school day. **Please note this is an afterschool program for Bedminster School students only!** The cost of the program is \$95 and includes supplies.

Registration ends Friday, March 3rd.

Dates	Day	Time	Grades	Fee
3/6, 3/13, 3/20, 3/27	Mondays	3:35pm to 4:45pm	1st to 7th	\$95

Register online at:

<https://register.communitypass.net/Bedminster>

Bedminster Township Recreation Department
One Miller Lane
Bedminster, NJ 07921
Telephone: (908) 212-7014
www.bedminster.us

2023 Spring Registration Form

1. PARTICIPANT INFORMATION

Name: _____ Grade : _____ D.O.B: _____ M: _____ F: _____

Complete Address: _____

2. PARENT / GUARDIAN CONTACT INFORMATION

Mother/Guardian : _____ Email : _____

Mobile Phone: _____ Work Phone: _____

Father/Guardian: _____ Email : _____

Mobile Phone: _____ Work Phone: _____

3. EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Emergency Contact: _____ Relationship: _____

Mobile Phone: _____ Other Phone: _____

4. MEDICAL INFORMATION

- Does this person have asthma, allergies, or any other medical conditions we should know about in order to be able to assist your child?: _____

- Does your child carry/use an epinephrine pen/kit: _____
- Is this person on medication during the program and is he/she able to self medicate? Please explain and list medications needed during program hours or in the event an emergency presents itself: _____

5. SPECIAL ACCOMODATIONS ***THREE (3) WEEKS NOTICE REQUIRED***

Bedminster Recreation welcomes individuals with disabilities to participate in all recreation programs and activities. In accordance with the American with Disabilities Act (ADA) please describe below any accommodations needed for you or your child's enjoyment of this program. A staff member will contact you for more information: _____

2023 Spring Registration Form (continued)

6. BEDMINSTER TOWNSHIP PHOTO RELEASE

_____ I GRANT _____ I DO NOT GRANT PERMISSION to the Township of Bedminster and/or the Media to photograph my child while participating in Township recreation programs or functions my child is participating in for publicity and/or promotional purposes.

Signature of Parent/Guardian: _____ Date: _____

7. EMERGENCY TREATMENT PROCEDURES & AUTHORIZATION

In the event of a serious, or potentially serious, medical emergency, the local Rescue Squad will be contacted and will transport the injured to the nearest hospital. If a minor, the minor will be accompanied by an adult staff member. I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well-being of my child until such time as I maybe contacted. I agree that Bedminster Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. Once treatment has been provided and I cannot be contacted, I grant permission to the hospital or medical provider to release the child to the care of an adult staff member. I certify that I have read and understand the emergency treatment procedures, the program's policies and the Recreation Department's registration and refund policies. This medical history is correct and complete to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

8. HOLD HARMLESS AGREEMENT

As the parent or legal guardian of a participant in the Bedminster Township Recreation Program, I acknowledge this to be a voluntary activity. I acknowledge that there are certain risks inherent in my child's participation in this activity, and I agree to accept all of the consequences of-and assume the risks involved in-my child's participation. I understand and acknowledge that Bedminster Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bedminster Township from any and all liability for any and all injuries my child may sustain as a result of my child's participation in this activity.

Signature of Parent/Guardian: _____ Date: _____

9. AFTERCARE

Will your child attend aftercare after the afterschool enrichment program held at Bedminster School ends for the day? **This is only for afterschool enrichment programs held at Bedminster School immediately following the school day.**

Yes _____

No _____