

Doctor Yum's Cooking and Tasting Adventure for Kids

St. George's Episcopal Church
905 Princess Anne St. Fredericksburg

Last Name: _____ First Name: _____
Age: _____ Date of birth: _____
Parent's full name: _____
Address: (Street) _____
(City, State, Zip) _____
Phone #: (cell) _____ (home) _____ (work) _____
Email address: _____
Emergency contact info: (name) _____
(phone #) _____
Food allergies (food, type of reaction): _____

Eating habits

- | | | | |
|--------------------|-----|----|-----------|
| • Picky Eater | Yes | No | Sometimes |
| • Likes vegetables | Yes | No | Sometimes |
| • Likes fruit | Yes | No | Sometimes |

Favorite foods _____

Least favorite foods _____

Reason for signing up your child (can pick more than one)

- My child loves to cook
- Concerned about my child's health
- Concerned about my child's eating habits
- Concerned about my child's weight
- Want my child to be exposed to different foods
- Want my child to enjoy healthy food
- Other _____

How did you learn about the class?

- Doctoryum.com website
- Doctor Yum Project website
- Flyer (specify location) _____
- Doctor's office: Dr. _____
- Friend
- Other _____

Do you give permission for your child's picture to be taken as part of the class and used in any promotional materials for future educational events? Yes No

- Print out form and mail it to: The Doctor Yum Project, 8402 Broadmore Lane, Spotsylvania, VA 22553
- Please enclose a check for \$75, payable to "The Doctor Yum Project."