



Bake Lab Extra-Mural Activity Registration Form

Child's Details:

- Name: _____
- Age: _____
- Grade: _____

Parent/Guardian Details:

- Name: _____
- Contact Number: _____
- Email: _____

Bake Lab Details:

Consent:

I, _____, give permission for my child to participate in Bake Lab. I understand the nature of the activity and acknowledge any potential risks (e.g. food allergies, oven use).

Signature: _____

Date: _____

Medical Info:

- Medical conditions or special needs: _____
- Food allergies/intolerances: _____
- Emergency contact: _____

Additional Info:

- My child has baking experience: Yes/No
- My child has any dietary restrictions: Yes/No (please specify) _____
- Is your child allowed to taste baked goods? Yes/No
- Will your child be able to take home baked goods? Yes/No