



NORTH AMERICAN MARTYRS CATHOLIC SCHOOL GAYNOR'S SCHOOL OF COOKING CLUB!!!

ACTIVITY: Cooking Class

GRADES: Kindergarten, 1, 2

TIME: 3:30 P.M. – 4: 30 P.M.

DATES: Once a week on Tuesdays from January 17 – February 7

COST: \$50.00 per student



This program is designed to introduce children to various age appropriate cooking skills. They will have the opportunity to make a variety of items in a hands-on setting, under the instruction and guidance of a professional culinary instructor. Some of the items they may prepare include:

- *EDIBLE BIRD'S NESTS ***
- *SAUSAGE ROLLS***
- *BLUEBERRY MUFFINS***
- *PEPPERONI MUFFIN BITES***
- *CANNOLI CONES ***
- *CHEDDAR CHICKEN BITES***
- *DECORATED CUPCAKES ***
- *SALSA & PITA CHIPS***
- *MOZZARELLA AND PEPPERONI TRIANGLES***
- *FRUIT ON A STICK WITH CINNAMON DIP***

PLEASE COMPLETE AND RETURN THE ATTACHED PERMISSION SLIP & ENROLLMENT FEE TO THE SCHOOL OFFICE ON OR BEFORE FRIDAY, JANUARY 13, 2017.

NAM - GAYNORS SCHOOL OF COOKING CLUB -
SESSION ONE GRADES K-2 - 2017

Child's Name _____ Grade _____

The NAM - GAYNORS SCHOOL OF COOKING CLUB - SESSION B - GRADES K-2 will be meeting on the following dates from 3:30 P.M. - 4:30 P.M. in DeLuca Hall . Please circle any dates your child will NOT be able to attend. Please also complete and sign the bottom of the page with the \$50.00 enrollment fee on or before Friday, January 13, 2017. Please understand the students will be using kitchen utensils and working in a kitchen environment. Please make checks payable to "Gaynors School of Cooking".
Thank You!

Tuesday, January 17, 2017

Tuesday, January 24, 2017

Tuesday, January 31, 2017

Tuesday, February 7, 2017

I _____ (parent/guardian) give permission for my child to stay after school for Gaynors School of Cooking Club on the above dates. This permission slip acts as a change of dismissal for the above listed dates. If a change occurs after this permission form is submitted, I must send in a note to the school informing them of the change.

Parent/Guardian Signature _____

Cell Phone Number _____

Email Address _____

Child's Name _____ Grade _____

Please complete and return this permission slip & \$50.00 enrollment fee (checks made payable to "Gaynors School of Cooking") to the NAM School office on or before Friday, January 13, 2017.