



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT  
 3 LIBRARY ROAD, BRIARCLIFF MANOR, NY 10510  
 Phone: (914) 941-6560 ~ Fax: (914) 944-2748



# Kids Cook

## The Organic Teaching Kitchen

The **“Organic Teaching Kitchen”** nutrition and cooking class is designed to empower kids in grades K - 5 to cook simple, tasty, healthy meals and snacks. They pride themselves on using mostly organic ingredients free of additives, dyes, pesticides and GMO's. The class is gluten free and vegetarian friendly.

**ELIGIBILITY:** Open to residents of the Village of Briarcliff Manor (VBMR). Briarcliff Manor School District residents (BMSD) and Non-residents (NONR) are welcome for an additional fee.

**GRADES/TIMES:** K-2 3:45-4:45 pm  
 3-5 5:00-6:00 pm

**DAYS:** THURSDAYS

**CLASS:** January 12, 19, 26  
 February 2, 9

**WHERE:** Community Center 1<sup>st</sup> Floor, 1 Library Road

**INSTRUCTOR:** Susan Chasen. Nutrition & Health Coach

**FEE:** \$185.00 for five (5) one hour sessions – Village Residents (VBMR)  
 \$195.00 for five (5) one hour sessions – School District (BMSD) & Non-Residents

**REGISTRATION:** Begins Monday, December 5<sup>th</sup> online or at the Recreation Department, 3 Library Road. Registrations will be accepted on a first-come, first-served basis. Registration deadline is Thursday, January 5<sup>th</sup>.

**PLEASE NOTE:** The right is reserved to cancel the program due to insufficient registration.



### Kids Cook – Winter 2017

**Fee: \$185.00/Village Residents (VBMR) - \$195.00/School District (BMSD) & Non-Residents (NONR)**

**CHILD'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CHECK ONE:** Grades K-2: \_\_\_\_\_ **Act. 1066 Sec # 1**      Grades 3-5: \_\_\_\_\_ **Act. 1066 Sec # 2**

Please indicate any food allergies: \_\_\_\_\_

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

**E-Mail Address:** \_\_\_\_\_  
 (For receipt/Dept. purposes only)

\_\_\_\_\_  
 Signature of Parent or Guardian

**METHOD OF PAYMENT:**     CASH                       CHECK # \_\_\_\_\_                       MasterCard / Visa\*\* (additional 2.5% fee)  
 Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). **\*\* Credit Card information below is shredded after processing.**

**DATE:** \_\_\_\_\_                      **AMOUNT:** \_\_\_\_\_                      **RECEIPT#:** \_\_\_\_\_

\*\*\*\*\*  
**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_