

Cooking Club

Dear Parents,

Hello! Ms. Gualtieri and Mrs. DeMaria are sponsoring the cooking club this year at HMS. We are very excited that your child is interested in joining cooking club! In the interest of providing some information about this club we ask that you read this letter with your child and help provide me some information as well.

Due to a high volume of interest in the club, students will be broken up into groups of 10 students throughout the school year. Each group will be held for 5 weeks every Tuesday from 2:40-3:50pm. The groups will be filled based on a student's preference for dates and on a **"first come first serve"** basis. Once we have all the forms returned we will solidify the groups and post the members of each group with the dates they will meet outside the cooking room which is room 133.

We are aware that some students choosing to participate in the club may have food allergies. Cooking club abides by the safe foods list provided by HMS and we will do my best to select recipes that accommodate any allergies that extend beyond that list such as gluten, dairy or eggs. There may be instances where a recipe requires a particular ingredient, during this event your child can decide to come to cooking club that day or not. Students will have copies of recipes and their ingredients a week ahead of time so they can be aware of future weeks ingredients in case they need to pass that week in class.

To that end, please fill out the attached form and have your child return it to the 7th grade office as soon as possible. In case of medical emergencies the form with an emergency contact's information and students home address must be provided in order to join. We will have all forms with us at all times so I can contact you if need be.

Student pick up will be at the front of the school promptly at 3:55 and **MUST** be picked up by 4:00. HMS and myself are responsible for your child's care until that time so if your child needs to leave early from cooking club we will need a note or an email ahead of time.

We are looking forward to an enjoyable and tasty time in the cooking club and invite you to contact me at my provided email below with any questions or concerns.

Sincerely,

Jackie Gualtieri - 610 853 5900-5572 JGualtieri@haverfordsd.net

Mariann DeMaira - mdemaria@haverfordsd.net

Cooking Club Permission Slip

Students Name: First _____ Last _____

Grade _____ FOOD ALLERGIES _____

Group Choices

- 1) _____ October 1st - 29th Every **Tuesday**
- 2) _____ November 12th - December 10th Every **Tuesday**
- 3) _____ January 14th - February 11th Every **Tuesday**
- 4) _____ March 3rd - 31st Every **Tuesday**

Preferred Group Dates Choice #1 _____

Preferred Group Choice #2 _____

Preferred Group Choice #3 _____

Remember groups are limited to 10 students and filled on a first come first serve basis.

Students who are in cooking club must follow Ms. Gualtieri's and Mrs DeMaria's instruction and rules or they will be asked to leave the club if they are addressed more than twice for not listening. Participating in cooking club is a fun activity and we want to keep it that way, however working in the kitchen means being around objects and appliances that can become dangerous, full cooperation is required.

The backside of this paper MUST be completed

Students Name: First _____ Last _____

Grade _____ FOOD ALLERGIES _____

Emergency contact information #1

Name _____ Phone _____

Emergency contact information #2

Name _____ Phone _____

Child's Medical Insurance Provider _____

Insurance policy number _____

In the event of an emergency I would like my child to be taken to the following **hospital**

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I hereby give my child permission to participate in the Haverford Middle School after school hours Cooking Club and understand my child could lose privileges of attending cooking club if full cooperation is not given to Ms. Gualtieri and Mrs DeMaria.

Parents name printed _____

Parents Signature _____