

A tasty dose of life skills with a holiday touch...



Special Kids Connect's **REACH** programs provide opportunities for children and young adults with disabilities to take part in recreational pursuits alongside their typically developing peers. Their peers, in turn, develop a deep appreciation of how we are all -- despite our varying levels of ability -- more alike than we are different.

We are going to play with our food! REACH Culinary is about having fun in the kitchen while developing life skills along the way. Whether it's learning how to follow a recipe, understanding the math behind ingredient measurements, or discovering where some of the foods come from, participants will end each session with newfound knowledge and a sense of accomplishment with their prepared dishes.



Join the fun! REACH Culinary's Holiday Treats program takes place over two weeks, with four sessions (Wednesdays & Fridays) Nov. 28 & 30, and Dec. 5 & 7. Registration is open to children and young adults, ages 7 and up. Enrollment fee is \$45. *Space is limited.*



For more information, call (831) 372-2730.



Special Kids Connect
1900 Garden Road Suite 230
Monterey, CA 93940

We're cookin' up some sweet treats for the holidays!



HOLIDAY Treats!



Nov. 28 - Dec. 7
4 afterschool sessions

SPACE IS LIMITED!

Ages 7 and up!



Program Location:
Seaside High School
Burnett Cafeteria
2200 Noche Buena St.
Seaside, CA 93955



REACH Holiday Treats Registration

4 sessions: November 28, 30 and December 5 and 7

Wednesdays & Fridays · 5 pm - 6 pm · Ages 7 and up · Enrollment fee: \$45.00

Program location: Seaside High School · 2200 Noche Buena St., Seaside, CA 93955



Please print!

Participant Name _____

Birth Date: _____

Parent / Guardian Name _____

Address _____

City _____ Zip _____ Phone _____

Email: _____

Participant's Medical Information: *Please note any essential medical information, including allergies.**

REACH Culinary strives to be as inclusive as possible. Our goal is to provide a program that is enjoyable to *all* of our participants, regardless of their special needs, while simultaneously insuring the safety of individuals and property. *By initialing below, I acknowledge the statements to be true.*

My child will be able to participate *without* the visible presence of a parent or guardian. _____

My child is able to signal his/her need to go to the restroom and is able to use the toilet independently. _____

My child is compliant and cooperative with adult and with teen volunteer supervision. _____

My child is able to participate within the context of a group setting. _____

My child does not exhibit injurious behavior to staff, property or self. _____

I have listed *all food allergies* in the "medical information" section, above.* _____

I agree that if my child is unable to meet the above criteria and / or presents issues unforeseen that would result in harm to the integrity of the program, his / her participation in this REACH offering will be reevaluated. _____

*** Every effort will be made to accommodate food allergies of registered participants. However, if it is determined that we are unable to accommodate your child's food allergies, we will notify you and give you the opportunity to withdraw your registration.**

**Mail or drop off forms, with \$45 payment*, to: Special Kids Connect
1900 Garden Road, Suite 230
Monterey, CA 93940**

***Make checks payable to Special Kids Connect.** Registration is not accepted until payment is received. **Special Kids Connect charges a \$35 mandatory fee for any check returned due to insufficient funds.** Space is limited. **Registration closes as program fills.** If registration is received after the program fills, your payment will be refunded in full. Sorry, no refunds for accepted applications.

REACH CULINARY LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Connect and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Connect, its community partnering organizations(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.

Parent Signature

Date

Printed Name

PUBLICITY/IMAGE/VOICE PERMISSION

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

Parent Signature

Date