

THE SOUTHAMPTON YOUTH BUREAU'S

# KIDS COOKING CLUB

AT THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD



**WEDNESDAYS FROM 4:30PM – 6:00PM**

**OCTOBER 22ND – DECEMBER 17TH**

**(NO PROGRAM ON WEDNESDAY, NOVEMBER 26TH)**

**OPEN TO GRADES 4 – 8    \$135 FOR ALL 8 SESSIONS**

**SCHOLARSHIPS AVAILABLE! SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED!**

LEARN THE BASICS OF CULINARY AND KITCHEN SAFETY SKILLS WITH CHEF KEITH!  
CHEF KEITH HAS A MASTERS DEGREE IN SOCIAL WORK ALONG WITH DECADES OF  
EXPERIENCE WORKING WITH YOUTH. HIS CURRICULUM WILL ALSO FOCUS ON  
THE PRINCIPLES OF SOCIAL & EMOTIONAL EDUCATION.

FOR MORE INFORMATION OR TO REGISTER, PLEASE CALL (631) 702-2425  
OR VISIT [WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB

# THE SOUTHAMPTON YOUTH BUREAU'S KIDS COOKING CLUB REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO:  
TOWN OF SOUTHAMPTON - KIDS COOKING CLUB, 655 FLANDERS ROAD, FLANDERS, NY 11901 OR  
REGISTER & PAY ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT).

**\$135 FOR ALL 8 SESSIONS - SCHOLARSHIPS AVAILABLE**

**\*\*PLEASE NOTIFY THE YOUTH BUREAU OF ANY PLANNED ABSENCES BY THE FRIDAY BEFORE EACH CLASS.  
PLEASE CALL (631) 702-2425 OR EMAIL [CWINGFIELD@SOUTHAMPTONTOWNNY.GOV](mailto:CWINGFIELD@SOUTHAMPTONTOWNNY.GOV) REGARDING PLANNED ABSENCES.\*\***

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ Prefer not to say \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_ Youth's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Number: \_\_\_\_\_

Food Allergies or Other Health Concerns: \_\_\_\_\_

Does your child have an I.E.P. or other accommodations in school? \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 1 Email: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 2 Email: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The following have permission to pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about this program? Please place a ✓ to which category (or categories) apply to you:

Postcard/Direct Mailing \_\_\_\_\_ Social Media \_\_\_\_\_ School \_\_\_\_\_ Town's Website \_\_\_\_\_ Email \_\_\_\_\_

Other: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to attend the Town of Southampton Youth Bureau's Kids Cooking Club program from October 22<sup>nd</sup> 2025 - December 17<sup>th</sup> 2025 at the Flanders Youth Center, 655 Flanders Road. I hereby shall release liability, waive any claims against, indemnify, defend and hold harmless the Town of Southampton, its officers, employees, contractors, agents and representatives from and against any and all demands, liabilities, losses, damages, expenses (including reasonable attorney's fees) and judgments relating to or arising from my child's participation in the Town of Southampton Youth Bureau's Kids Cooking Club program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. In the event of a medical emergency and I cannot be reached, I authorize the Town of Southampton Youth Bureau staff to seek emergency medical treatment. I also consent to photographs and video being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!**

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