



Greetings!

The 2023 Spring Cohort of the LeanBack Kidz Cooking Club is finally here! It is sponsored by the LeanBack GiveBack Foundation based out of Winston Salem, NC. The club is available to disadvantaged children & teens between the ages of 8 and 17 who have shown interest in the culinary field but do not have the resources or opportunity to explore.

Cooking club involves hands-on learning about ingredients, organizing a kitchen, personal hygiene, and food safety, and cooking and baking techniques. They'll learn where food comes from and how to create healthy, nutritious meals that are also delicious.

The LeanBack Kidz Cooking Club will be held in the Mezzanine Room at the Enterprise Center, 1922 Martin Luther King Jr Dr., in Winston Salem, NC. The dates and times are listed below. The club is free to participate. If you sign your child up, please commit to bringing them and/or arranging transportation for the following dates. By not bringing them, it would take away from another child who would like to attend. We are partnering with Support Systems of Forsyth County, to provide transportation for the children who absolutely need it.

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|--------|-------------------------------------|---------------------------|
| Week 1 | April 2, 2023 – 1:30-3:30 pm | Welcome & Safety |
| Week 2 | April 16, 2023– 1:30-3:30 pm | Cooking in the Garden |
| Week 3 | April 30, 2023– 1:30-3:30 pm | Baking |
| Week 4 | May 7, 2023– 1:30-3:30 pm | Etiquette Class & Plating |
| Week 5 | May 21, 2023– 1:30-3:30 pm | Nutrition |
| Week 6 | June 11, 2023– 1:30-3:30 pm | International Cooking |
| Week 7 | June 25, 2023– 1:30-3:30 pm | Graduation/Presentation |

All questions and concerns can be directed to Crissy Faison. Contact info is listed below.

- Phone: 336-816-7868
- Email: crissy@leanbackgiveback.org

We will review all applications and follow up to let you know if your child will be able to attend. We do expect a high number of applications, so please get them in as soon as possible. There will be two cohorts a year with the next one being in the Fall. If your child is unable to attend Spring Cohort, they will be welcome in Fall Cohort.



Application

Child Information

Name: _____ Age: _____
Parent or Guardian Name: _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Emergency Contact (different option than above)
Name: _____ Phone: _____
Relationship to Child: _____

In your child's own words, please tell us why they are a good fit for the LeanBack Kidz Cooking Club.

Medical Information: The information on this form will be held in strictest confidence. Our first concern is your child's safety, and ensuring they have a healthy and positive experience.

Please list any dietary restrictions or food allergies. If your child has a serious food allergy, please consider sending an EpiPen.

Does your child have any other allergies (medicine, environmental, etc.) that we should be aware of?

Does your child have any physical, mental, emotional, or social conditions that we should be aware of in order to make their experience more successful?



Leanback Kidz Cooking Club Agreement

The LeanBack GiveBack Foundation agrees to offer cooking classes for free according to the following terms and conditions:

SAFETY: Culinary classes with LeanBack GiveBack Foundation are hands on and students are required to use various kitchen utensils and cooking equipment. We are always committed to the safety and health of your child/children in our kitchen. Students are always supervised and will be given age-appropriate tasks. Parents should be aware, however, that participation involves using knives and other sharp utensils, and that children will be working with and near kitchen equipment and hot surfaces. Classes may also involve handling of raw food items, including meat. Safe sanitary practices will be reviewed with the students. By signing this form, the parent/guardian releases, the LeanBack GiveBack Foundation, the President & Board, employees, and volunteers from all liability for injuries and/or damage incurred in connection with attendance in cooking class.

ATTIRE: Class participants are required to wear closed toe shoes. It is recommended that shoes be rubber-soled and/or non-slip. Short Sleeves are preferred. Long hair should be tied back. No loose jewelry, dangling earrings, bracelets or necklaces should be worn.

SANITATION: Proper hand washing with warm water and soap is required after using the bathroom, sneezing, coughing, or handling raw food products. Hand washing is the single most important activity that can be done to prevent food-borne illnesses.

PICK-UP POLICY: Parents are expected to pick up their child/children at the time that class ends.

PHOTO, VIDEO, OR OTHER RECORDING CONSENT: By signing this form the parent/guardian gives consent to LeanBack GiveBack Foundation to use images or filmed footage of cooking classes in printed materials or on the web for purposes of promoting LeanBack Kidz Club. Please note there is no compensation for the use of your child's likeness in any of our materials. Please indicate if you do not wish to have your child photographed or filmed.

MEDICAL CONSENT: By signing this form the parent/guardian gives permission for medical treatment to be administered to their child by a qualified medical professional in the event of an emergency. Every effort will be made to contact the parent or emergency contact, but in the event that no one can be reached the signee authorizes LeanBack GiveBack Foundation to act on behalf of and in the best interest of the child.



DROP OFF POLICY: By signing this form "I understand that I will not be able to stay in the cooking and classroom area during the club meeting, due to limited space and safety procedures. I acknowledge that Chef Crissy has capable volunteers and that they and Chef Crissy herself will be supervising at all times." Parents will be invited to attend the last day of each cohort for graduation & presentations.

STUDENT RESPONSIBILITIES: Students are expected to show respect for others, follow directions from the club leader, visiting presenters, & volunteers, and abide by class rules. The LeanBack GiveBack Foundation reserves the right to send a student home or decline their return if their behavior is inappropriate.

Parent/Guardian Signature

Date



Riders, please read the following rules:

- Once you enter the van, please give driver your Date of Birth. It is very important that you provide this information for the driver so they can count you for the day.
- Please do NOT eat, drink or smoke the van. This is to keep the van clean and free from odors as well as respect other riders.
- Please refrain from excessive phone calls. Our drivers need to concentrate and again we need to respect other riders. You can however text.
- If you have a schedule that varies please make every effort possible to communicate your schedule. We will not be held responsible for failures to communicate ride times. Schedules should be sent via email or text message in advance. Please text 336-904-8069 with schedule changes and include your name so we know who you are.
- Transportation will be scheduled to arrive at your location anywhere from 30 mins to 2 hours depending on your home and drop off location. Pick will be within 30 mins to an hour after shift end.
- Please be mindful when you are scheduling pick up and drop off requests. Drivers will only wait up to 5 minutes for you to enter the van. If we leave due to excessive wait time, there is NO refund for that day.
- If we come to pick you up and you do not come out this is called a "No Show". After 3 "No Shows" we will have to cancel your transportation service. NO EXCEPTIONS!
- Please do NOT ask the driver to provide any additional trips outside of agreed transportation.
- If you have a problem or a question(s), please contact Courtney James or Gregory James at the contact information below. Please do not approach drivers with issues.

Courtney James – 336-695-3648

Gregory James – 336-904-8069

Signature of Passenger

Date

Under 18 Parental Signature

Date



Service Request Form

First Name: _____ Last Name: _____

Pickup location: _____

Appointment/Drop off location: _____

Dates of Service/ Start Date: _____ Pickup time/ Start time: _____

Return Pickup time: _____ Will Call: _____ (please check)

Check one: Roundtrip: _____ One Way: _____

Recurring Schedule:

Monday _____ Wednesday _____

Tuesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Method of payment (circle one): Debit/Credit Card/Money Order, Check, Organizational Sponsorship, Vendor (payment terms)

Rider Cell Phone: _____

Please Check reason for transport:

- Employment
- Education
- Medical