



You may only attend one session. Put a checkmark next to the dates you are interested in.

**New Castle County In Person**

Class 1 \_\_\_\_\_ 10/21/24 – 11/28/24

Class 2 \_\_\_\_\_ 12/2/24 – 1/16/25

Class 3 \_\_\_\_\_ 1/20/25 – 2/27/25

Class 4 \_\_\_\_\_ 3/3/25 – 4/10/25

Class 5 \_\_\_\_\_ 4/14/25 – 5/22/25

Class Registered: \_\_\_\_\_ (HK Use Only)

**AFTER SCHOOL APPLICATION**

**New Castle County In Person**

Fax to: (888) 822-0537 or email to [admissions@humanityskitchen.org](mailto:admissions@humanityskitchen.org) Attention: Admissions

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

High School	Last Grade Completed	Are you currently enrolled? Yes or No

Have you ever been convicted of a crime, misdemeanor, or felony other than moving traffic violation? If yes, please list all charges/dates. **Do not leave this question blank.**

Do you meet the eligibility requirements? If not, please explain. \_\_\_\_\_

Why would you like to attend this program? \_\_\_\_\_

**This program is funded by the Division of Vocational Rehabilitation, and students applying to the school must have some form of disability to be considered. You will be required to supply documentation of your disability such as an IEP, 504 Plan, Axis I-IV Diagnosis or documentation from a Doctor. What is your disability?:** \_\_\_\_\_

Transportation (please check one)

Bus: \_\_\_\_\_ Car: \_\_\_\_\_ ParaTransit: \_\_\_\_\_ Other (someone will drop you off/pick you up/walk): \_\_\_\_\_

Do you have a DVR Transitional Counselor? If so, provide name.

\_\_\_\_\_

<p><b>Chef Jacket Size:</b></p> <p>S M L XL 2X 3X</p>
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**Applicants must: Eligibility**

**Requirements**

1. Be between the ages of 14 to 21.
2. Not be a danger to self or others.
3. Be available to be in the hybrid classroom from 5:30pm to 7:30pm Monday thru Thursday for six weeks.
4. Must be enrolled in high school.
5. Be curious, and ready to learn.
6. Able to stand up to 2-4 hours daily with or without a reasonable accommodation. Exceptions can be made on a case-by-case basis.
7. Able to attend class every day on time.
8. No violent or sexual criminal history. (This means murder, or on sex offenders list)
9. Student must have a documented disability and documents such as an IEP, 504 Plan, Psychological with Axis I-IV diagnosis, and be *potentially eligible* for DVR Services.

Please read the above criteria carefully. If you are able to meet these criteria, please sign and date below.

Signature of Student

Date

**ACKNOWLEDGMENTS:**

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not withheld any fact or circumstances that would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or any other school records will be cause for immediate dismissal. In addition, I authorize Humanity's Kitchen to verify any and all information contained in this application. I hereby release Humanity's Kitchen from any liability whatever that may arise by such disclosure or investigation. I understand further that, should any falsification be discovered, it will constitute cause for non-acceptance or dismissal. I understand that I can make written inquiry, within reasonable time, for a complete and actual disclosure of the contents and scope of the information requested.

I agree in the event of my training, to complete and abide by all the company's rules and regulations. Any misrepresentation made in this application will be sufficient cause for cancellation of this application and/or separation of training.

This application for training shall be considered active for a period of time not to exceed 60 days. At the conclusion of this time, if I have not heard from Humanity's Kitchen and still wish to be considered for training, it will be necessary to fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any training relationship with HK is an "at will" nature, which means that the trainee may resign at any time and Humanity's Kitchen may discharge trainee at any time with or without cause. It is further understood that this "at will" training relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Humanity's Kitchen from any liability resulting from accident or injury occurring as a result of my participation in the culinary training program up to and including termination from the program for any reason. All applications remain the property of Humanity's Kitchen and will not be released for any reason.

**Student Signature**

Signature:	Date
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**Parent or Guardian Signature if under the age of 18**

Signature:	Date
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## Humanity's Kitchen – Camp Health/Consent Information

Youth's Name \_\_\_\_\_

Medications (prescription and over the counter) your youth currently takes. A medication administration form is required for our staff to administer medication while at camp. Please include description of why the medication is needed.

\_\_\_\_\_

\_\_\_\_\_

Youth's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Youth's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Carrier \_\_\_\_\_

Name of Responsible Party on Medical Insurance Card: \_\_\_\_\_

DATE OF LAST	Tetanus Shot _____	MMR _____	Diphtheria _____
Please initial indicating that all immunizations, as required by the local school district, are up to date _____			(parent initials)

**GENERAL HEALTH QUESTIONS:** (Explain "yes" answers below)

Had recent injury, illness or infectious disease	Y N	1	Diabetes	Y N	8	Emotional Difficulty (sought medical assistance)	Y N	16
			Dietary Restrictions	Y N	9			
Had Chronic or recurring illness/condition	Y N	2	Seizures	Y N	10	Eating Disorder	Y N	17
Ever been hospitalized?	Y N	3	Skin problems?(rash, itchy)	Y N	11	Mononucleosis	Y N	18
Ever had surgery?	Y N	4	ADHD	Y N	12	Wears Glasses / Vision Issues	Y N	19
Have frequent headaches/head injury	Y N	5	Asthma	Y N	13	Allergies	Y N	20
Been knocked unconscious?	Y N	6	Orthopedic Issues	Y N	14	Other _____		
Passed out during extreme heat?	Y N	7	Heart Murmur	Y N	15			

**CONCERNS & SPECIAL NEEDS:** Please explain and "yes" answers, noting the number of the question. Also, indicate and activities your youth would not be able to participate in while at camp and/or any other health issues we should be aware of.

\_\_\_\_\_

\_\_\_\_\_

**Treatment/Emergency Care** - My signature authorizes the management and staff of HK to act for me according to their best judgment in the event of a **medical emergency and/or routine medical care**. I/we grant permission for emergency medical treatment and/or routine medical care by the HK staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases HK from any and all liability and/or financial responsibility for any medical expenses incurred.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information Sharing** --- By signing below, I authorize HK to provide aggregate class data to funders of the program. I also authorize HK to speak to any agency or funder regarding the progress of my youth in class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Video Release** --- I grant permission for my child to be photographed and/or interviewed for promotional purposes. I also grant permission for my child to view age appropriate movies as part of the HK camp program activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Informed Consent** --- I understand that the HK activities have inherent risks and I hereby assume all risks and hazards incident to my family's participation in HK activities. I further waive, release, absolve, indemnify and agree to hold harmless HK, the organizers, volunteers, supervisors, officers, directors, participants, instructors, employees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of HK property. **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Behavioral Policy** --- I certify that my child is in good health and is amiable to normal discipline necessary for the success of the camp experience. We agree to honor the behavior policies of the HK culinary camp and understand that it is at the discretion of the HK director to suspend or dismiss campers from the program due to inappropriate behavior.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Abuse or Neglect** - By signing below, I understand that HK is mandated to report any suspected case of child abuse or neglect to the appropriate authorities for investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student Pick Up Authorization

I, \_\_\_\_\_ (Parent/Guardian name), give the following person(s), permission to pick up my child.

## Person 1

_____	_____
First Name	Last Name
_____	_____
Relationship to student	Cell Number

## Person 2

_____	_____
First Name	Last Name
_____	_____
Relationship to student	Cell Number

\_\_\_\_\_ My child will be taking public transportation.

_____	_____
Parent/Guardian Signature	Date

\*\*\* I hereby release Humanity's Kitchen and all employees from any and all claims, actions, and liability relating to my child's transportation.

Parent/Legal Guardian's PRINTED NAME: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

**NOTE: All students must be picked up promptly at 6:00pm. Students picked up after 6:15pm risk being released from the program.**

## Parent Statement of Understanding

**The following information is important for the safety and protection of your child. Please read this information and sign below.**

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at Humanity’s Kitchen site unless a HKstaff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. **Sign-in/Sign-out sheets are available as you arrive at the program area.**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that HK is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that HK staff and volunteers are not allowed to babysit or transport children at any time outside the HK facilities and program. **If a violation of this policy is discovered, HK will take immediate disciplinary action toward staff and volunteers.**

**I have read and understand the statements above regarding HKpolicies and procedures.**

Parent/Guardian Signature	Date
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### Behavior Agreement

At Humanity’s Kitchen we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement, please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at HK Culinary Summer Camp! Thank you!



- I will listen to the staff and follow their directions.
- I will respect other people’s belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building and will use my inside voice when speaking.
- I will use appropriate language. Which does not include swear words or negative remarks. (i.e. “Shut up,” “Stupid,” “Dumb,” etc...)
- Before leaving the room, I will ask a staff member for permission.
- I will respect other’s feelings by having a positive attitude when talking to them and not talking to others.

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except **hitting/fighting**. Hitting/fighting will be an immediate 1-day suspension from the program. All other incidents will be handled as follows:

1<sup>st</sup> Incident: **Verbal Warning**    2<sup>nd</sup> Incident: **Written Warning Parent Meeting**    3<sup>rd</sup> Incident- **1-Day Suspension**

At the camp director’s discretion, campers that receive 3 written warnings during a session may be asked to leave the program for the remainder of the session.

Parent/Guardian Signature	Date
Camper’s Signature	Date



**Humanity's Kitchen ("HK") PARTICIPANT WAIVER FORM**

**ACKNOWLEDGEMENT**

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the HK's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, classes, the use of any equipment, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, field trips, or any other activities, classes, events, or programs at and/or sponsored by HK. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at HK and/or sponsored by HK.

I also acknowledge that HK often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media. I hereby release Humanity's Kitchen from any and all claims, actions, and liability relating to its use of said photographs and/or videos.

**RELEASE**

In consideration of HK allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at HK and/or sponsored by HK, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of HK and its employees, agents, or representatives or from some other cause. My agreement to release HK does not include any loss, damage or injury that results from the HK's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

**INDEMNIFICATION**

I hereby represent and warrant to HK that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against HK arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend HK from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of HK or from some other cause.

**ACCEPTANCE**

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of  
Participant under age of 18

\_\_\_\_\_  
Date