

Please complete this form and return it of	on
Name(full name)	Teacher
Parent/Guardian contact during the day	•
Name :	Phone
Email:	
Important Personal Information: Food Allergies: Diet Restrictions:	
Any medical problems I should be aware o Languages spoken at home:	f?
What extra-curricular activities do you p	articipate in (sports, lessons, teams, etc.)?
What specifically, do you hope to learn ab	cout/make during this course
, and the second	d and cooking (eg. Went grocery shopping, made fruit salad, etc.)?
Place a check mark after you have reviewed Welcome to Home Arts letter Extending Expectations	ed the following
Student signature:	Parent Signature:



Clip out and put on your fridge

Stay connected to Our Class website

https://wafraserhomearts.weebly.com

instagram
wafraserhomearts
(see the great food we make)