

Kids in the Kitchen

Keep on Cookin' at Wor-Wic!
Four Fabulous Courses!


Space is limited. Register now!



Celebrate Fall with a Twist



Holiday Favorites



"New" Holiday Favorites



Cook for the "Kick Off" Crowd

You can be “chef for the day” in Wor-Wic’s state-of-the-art kitchen! Prepare—and eat—tempting and healthy dishes especially selected for the fall and winter seasons. Learn how to develop balanced and delicious menus. Hone your math skills as you measure ingredients and adapt recipes. Understand food safety and key nutrition principles, including healthy alternatives to traditional fare. Take home recipes to share with family and friends. All classes are multi-generational for grades 4 through 9. Students will enjoy two multi-course meals per class.

Kids Celebrate Fall With a Twist on Tradition

Cool weather means traditional comfort foods-with a twist! Celebrate the colors and flavors of fall with Hot Apple Cider Punch and Chicken with Double Dumplings. Get ready for Thanksgiving with Maple Baked Butternut Squash and “Pie-in-the-Sky” Punkin’ Chunkin’ Pumpkin Roll. Enjoy Hot Apple Pie Dip and other yummy recipes that will build your repertoire of fabulous fall foods!

Course #2234—Sat. Nov. 12, 2011

Kids Cook Holiday Family Favorites

Take a holiday break and learn how to make your favorite festive foods! Enjoy such treats as Christmas Morning Raisin Bread French Toast, Herb Roast Chicken, Mac and Cheese with a Twist, and Stocking Stuffer Snacks. Create and decorate your own signature “Bake and Take” sugar cookies. You’ll be ready to celebrate the holidays in style by the time this day is over!

Course #2233—Sat. Nov. 19, 2011

Kids Cook “New” Holiday Family Favorites

Learn how to make new festive favorites as you prepare, create, and savor such treats as Homemade Belgium Waffles, Killer Pizza Omelets, “World’s Best” Hot Chocolate, Mom Mom’s Favorite Sunday Beef Pot Roast, and Crispy “Fried” Onion Rings. Exercise your creativity while assembling a Chocolate and Cherry Black Forest Trifle, and bake delicious Oatmeal Chocolate Chip Cookies. Take home your recipes and cookies to share with family and friends.

Course #2235—Sat. Dec. 10, 2011

Kids Cook for the “Kick Off” Crowd

Get ready for Super Bowl Sunday with these delicious—and healthy—snacks and treats. Start the day right with Kick Off Breakfast Pizza and a great Game Day Shake. Get ready to feed the fans with Super Chip Bowl Chili, Fiesta Egg Rolls, and Quarterback’s Best Baked Buffalo Wings. Let these and other super snacks make your house the celebration destination!

Course #3016—Sat. Jan. 21, 2012



Each Course: Time 9:00 am to 4:00 pm Workforce Development Center, Room 304

Special Instructions—Your Child Should Wear

- Comfortable flat shoes and socks. NO sandals, flip-flops, or open-toe shoes.
- A short sleeved shirt. (Bring a sweater, hoodie, or light jacket if you get chilled).
- A watch, if you have one.
- If your hair is shoulder length or longer, it must be pulled back.
- Fingernails with NO nail polish.
- NO jewelry (other than a watch).
- Long pants if possible, definitely no designer pants with holes, slits or chains.

Three Easy Ways to Register:



Fax:
(410) 334-2952



Mail to:
Continuing Education and
Workforce Development Division
Wor-Wic Community College
32000 Campus Dr.
Salisbury, MD 21804



Walk-in:
Monday through Friday 8:30 a.m. to 4:30 p.m.
Workforce Development Center—Room102
Wor-Wic Community College



Class sizes are limited and registrations are on a first-come, first-served basis. Please note that full payment and all requested information must be included with registration. ALL REGISTRATIONS SHOULD BE RECEIVED BY THE COLLEGE BY THE THURSDAY PRIOR TO THE CLASS DATE.

REFUND / WITHDRAWAL POLICY

All requests for refunds must be received in writing in our office at least 48 hours prior to the start of class. No refunds are given after the class has started. Please include your name, address, course title and number, and reason. A \$6 processing fee is deducted from all refunds.

CANCELLATION POLICY

The college reserves the right to cancel courses or make changes in any course due to unforeseen circumstances. If a course is cancelled, a full refund will be sent by mail in approximately three weeks.

NON-DISCRIMINATION POLICY

It is the policy of Wor-Wic Community College not to discriminate on the basis of age, gender, race, color, religion, national origin, marital status, sexual orientation, genetic information or disability in the admission and treatment of students, access to educational programs and activities, and terms and conditions of employment.

For more information call (410) 334-2815 or email summerscholars@worwic.edu

PARENTAL CONSENT FORM: MUST BE INCLUDED WITH REGISTRATION FORM & PAYMENT

If your child participated in a 2011 Summer Scholars course and the information below has not changed, please check this box and sign / date the bottom of this page.

If your child did not participate in a 2011 Summer Scholars course OR if the information below has changed since your child participated, this form MUST be completed and signed.

Student's name _____ Student's birth date _____
 Student's social security number (to be used as student ID) _____
 Student's school _____ Student's grade level _____

Mother/Legal Guardian _____ Father/Legal Guardian _____
 Day phone # _____ Cell phone # _____ Day phone # _____ Cell phone # _____

Emergency contact(s) authorized to pick up student if parent/legal guardian cannot be reached:
 Name _____ Relationship to student _____ Daytime phone _____
 Name _____ Relationship to student _____ Daytime phone _____

Name(s) of any adult(s) other than those listed above who are authorized to pick up student in lieu of parent/guardian.
 Name _____ Relationship to student _____
 Name _____ Relationship to student _____

Please indicate any pickup restrictions and attach relevant documentation: _____

Note: All adults (including parents) will be required to sign your student both in and out at time of pick up and drop off. Parents must provide written authorization in advance if any adult other than those listed above will be picking up the student.

Physician's name _____ Phone number _____
 Dentist's name _____ Phone number _____
 Health insurance company _____ Group or policy number _____

List all diagnosed allergies (e.g. food, environmental) and other health/medical conditions that we should be aware of, or state none by checking box: NONE

I understand that Wor-Wic Community College will not be responsible for keeping and/or administering medications or monitoring any existing medical conditions of my child.

Parental Consent/Responsibilities

1. The health information provided is complete and correct to the best of my knowledge and my child has permission to engage in all program activities.
2. I understand that in case of an illness, injury, allergic reaction, or any other medical situation or emergency involving my child, Wor-Wic Community College has no healthcare facility or healthcare staff able to provide treatment. College employees will provide necessary and reasonable care for my child and, if deemed necessary, have my child transported to a healthcare facility. I will also ensure that my child has personal medical coverage and accident insurance. Wor-Wic does not provide accident insurance for students.
3. Wor-Wic will not be responsible for keeping and/or administering medications or monitoring any existing medical condition(s) of my child.
4. I authorize the release of my child's placement record to Wor-Wic. This information may be needed to verify gifted/talented status and may be submitted to the Maryland Higher Education Commission along with other enrollment data.
5. I authorize Wor-Wic to confirm my child's participation in this program with the child's school and/or board of education.
6. I understand that my child must abide by the rules and regulations of Wor-Wic. Disruptive and inappropriate behavior will not be tolerated and will result in dismissal with no refund.
7. I will not have my child arrive at the classroom earlier than 15 minutes prior to the start of class. I understand that there will be no supervision for my child prior to this time and accept full responsibility for my child's behavior and safety.
8. I will pick up my child promptly after class. There may be a \$10 late fee charged for every 15 minutes of lateness.
9. My child has permission to be photographed, interviewed or videotaped by Wor-Wic and/or other Summer Scholars participants for publicity, marketing and/or educational purposes.
10. I understand and voluntarily assume all risks inherent in the nature of this activity and I waive and release all claims, costs, liabilities, expenses and judgments against Wor-Wic. I release Wor-Wic and its representatives from liability arising out of my child's participation in Summer Scholars activities at Wor-Wic. Wor-Wic is not responsible for personal items brought or left on campus.

This form must be signed and dated in order for the student to be registered. I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify Wor-Wic of any change in this information. I understand that I am financially responsible for all charges I incur at Wor-Wic and will comply with all of the college's policies and procedures.



 Parent/Guardian Signature

 Date

YOU MUST COMPLETE AND SUBMIT BOTH SIDES OF THIS PAGE!



ELIGIBILITY

Students who participated in Wor-Wic's 2011 Summer Scholars courses are automatically eligible for these courses (please check this box).

Other students (including participants in Summer Scholar courses prior to 2011) must have a representative from their school complete the gifted/talented verification box below.

VERIFICATION OF GIFTED AND TALENTED STATUS

Students must submit this form to the appropriate school representative for signature.

I _____ (administrator, guidance counselor, teacher) certify that
 _____ (student's name) meets the criteria for inclusion in Wor-Wic's Gifted and Talented program.

School Representative's Signature _____ Date _____ School _____

PARENTAL CONSENT (please sign below):

- I recognize that my child will receive training in a commercial kitchen facility using culinary related equipment, tools, and supplies.
- I understand that my child must adhere to the apparel/accessory restrictions described on page 2.
- I understand and voluntarily assume all risks inherent in the nature of this activity and I waive and release all claims, costs, liabilities, expenses, and judgments against Wor-Wic Community College.
- Does your child have any diagnosed food allergies and/or health/medical condition(s)?

YES _____ NO _____

If YES, please list: _____



Parent Name _____

Parent Signature _____

Date _____

CONTINUING EDUCATION AND WORKFORCE DEVELOPMENT REGISTRATION FORM

STUDENT'S SOCIAL SECURITY NUMBER _____ STUDENT'S LAST NAME _____ STUDENT'S FIRST NAME _____ M.I. _____ DATE OF BIRTH* _____ SEX* M F

RACE* (Check one) 1 Black Non-Hispanic 2 Amer. Indian 3 Asian 4 Hispanic 5 White Non-Hispanic 6 Non-Res. Alien 7 Other

HOME PHONE _____ PARENT/GUARDIAN BUSINESS PHONE _____

*Requested by the U.S. Office of Ed. MAILING ADDRESS _____ () _____ EXT. _____

NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP _____ I AM A RESIDENT OF Wicomico Worcester Co. Other _____

Specify Co. & State

PARENT/GUARDIAN E-MAIL ADDRESS: _____

2 WAYS TO PAY (Check appropriate box)

- A. Personal check or money order for FULL AMOUNT payable to:

WOR-WIC COMMUNITY COLLEGE
 Continuing Education and Workforce
 Development Division
 Wor-Wic Community College
 32000 Campus Drive
 Salisbury, MD 21804

- B. Charge to:   
- Exp. Date _____ V# _____
(3 digit # on reverse side of card)

Acct # _____

Signature (Required) _____

TUITION FOR IN-COUNTY RESIDENTS
Wicomico – Pay Wic tuition; higher due to county budget deficit
Worcester & Somerset – Pay Wor/Som tuition

TUITION & ADDITIONAL COST FOR OUT-OF-COUNTY/OUT-OF-STATE RESIDENTS
Other Maryland counties – Pay \$10 per course in addition to WIC tuition
States other than Maryland – Pay \$15 per course in addition to WIC tuition

OUT OF COUNTY
 ADD \$10
 OUT OF STATE
 ADD \$15

COURSE NO.	COURSE TITLE	START DATE	TUITION	FEE	TOTAL
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

GRAND TOTAL

\$ _____

I certify that all of the above information is correct and that I have lived at this address for at least three months.

 PARENT/GUARDIAN SIGNATURE

OFFICE USE ONLY	C	T	R%	S
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOU MUST COMPLETE AND SUBMIT BOTH SIDES OF THIS PAGE!