



## North York Region Cooking Class Application Form

Please Complete The Following:

Name \_\_\_\_\_

Age: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone #:

Email: \_\_\_\_\_

1. Please list any food or medical allergies that you have:

\_\_\_\_\_

2. Please list any medical conditions that you have, which our staff should be aware of:

\_\_\_\_\_

3. Please list the contact names and phone numbers of family, friends or residences that our staff could contact in case of an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel.# \_\_\_\_\_

Email: \_\_\_\_\_

4. Will you have opportunities to cook at home using what you learn in class? Please explain.

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5. How would this class help you in your daily living and long term living arrangement? Please be specific.

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6. Please list any additional information that you think is relevant:

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7. Please list any foods you already know how to prepare or cook. Thank You!

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8. Do you know how to use or have you used any of the following

a) A stove top       Yes     No

b) Microwave       Yes     No

c) Oven               Yes     No

d) Sharp Knives     Yes     No

9. Is there a language other than English spoken in your home?

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## Cooking Class Ideas

Please fill out the following, and let us in on some of your great ideas!

1. My favorite food is

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2. I would like to

Cook \_\_\_\_\_ During class.

3. Please tell us any other meals that you would like to cook during this Class

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

4. Please list any food/s that you are allergic to and/or any dietary restrictions you may have.

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5. Please list any foods that you dislike, and would not like to eat.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Refunds/Cancellation/Withdrawal Policy**

If the course is cancelled due to low enrolment, registrants will be refunded the full amount. Withdrawals will be accepted with a full refund **with five business days** notice prior to the start date of the course. Once you have started the course, refunds will not be given. A full commitment to attendance and participation is encouraged. We regret that reimbursement for missed classes cannot be offered.

I have read and completed the application to the best of my ability and fully understand and accept the Refunds/Cancellation/Withdrawal Policy.

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

**Please return completed application and consent forms along with payment payable to 'Community Living Toronto' to:**

**Community Living Toronto  
North York Region  
Attn: Wendy Dyke  
1122 Finch Avenue West, Unit 18  
Toronto, ON M3J 3J5**

Office Use Only	
Date Received:	
Contacted and interviewed:	
Enrollment confirmed:	Placed on waitlist: