



Martina Stähler  
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## Registration for Kids Vacation Program 2025

**Participating child:** \_\_\_\_\_

First name

Last name

\_\_\_\_\_  
Date of birth

**Parent / Legal guardian:** \_\_\_\_\_

First name

Last name

**Address:** \_\_\_\_\_

Street / Number

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Place of residence

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Starting date of class:** \_\_\_\_\_

The lessons include cooking instructions and supervision of the registered child for a daily period of 6 (six) hours (10:00 a.m. – 4:00 p.m.) on 5 (five) consecutive days (Monday – Friday) of the week starting with the date given above in this form (start of class).

I hereby bindingly register my child for the 2025 vacation program.

I have completed the allergy and intolerance questionnaire to the best of my knowledge and the declaration of consent for outdoor activities. I have read and accept the applicable terms and conditions of "Martinas Kochschule".

I will inform "Martinas Kochschule" about any medication my child needs to take regularly.

I will pay the participation fee of € 269.00 (incl. VAT) in full

☐ in advance via bank transfer   ☐ cash   ☐ with credit or debit card

Bank account of cooking school: Martina Stähler   IBAN: DE19 5405 0220 0000 5586 01  
BIC: MALADE51KLK (Sparkasse KL)

\_\_\_\_\_  
Place / Date

\_\_\_\_\_  
Signature of Registrant