Martina Stähler
Pirmasenser Str. 5 (Entrance Glockenstr.)
67655 Kaiserslautern
Phone: +49-170-4144149
E-Mail: info@martinas-kochschule.de

Regsitration for Kids Vacation Program 2026

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 regularely.

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

O in advance via bank transfer **O** cash **O** 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