

# What's Cooking This Summer?

For Boys & Girls entering 3<sup>rd</sup>-6<sup>th</sup> grade  
July 22 - 26, 9-noon

Hos-pi-tal-i-ty (noun)

The friendly and generous reception and entertainment of guests, visitors and strangers.



Showing hospitality is often mentioned in Bible stories and was practiced by early Christians. Christian fellowship today is still demonstrated through acts of hospitality. Our Bible stories during the week will focus on the sharing of hospitality with others.

Budding chefs will also learn about healthy nutrition, safe food preparations, and baking and cooking techniques. We will make healthy snacks, craft our own kitchen gear and other related items, and prepare to host our own dinner party.

As a culmination of our week, each child will invite up to 5 family and friends to join them for a meal they have prepared and sit at a table they have set and decorated. This meal will be at 6PM on Friday, July 26. If your child is registering, please be sure to plan to come to this party.

Although we can work around mild allergies and food intolerances, extreme food allergies may not be a good fit for this camp.

Class size is limited, so early registration is recommended. Please include a payment of \$25 for supplies.



Registration on reverse.  
Cost is \$25 for supplies.

Rose Hill Presbyterian Church, 12202 NE 90<sup>th</sup> Street, Kirkland, WA 98033 [www.rosehillpc.org](http://www.rosehillpc.org)  
For more information contact Wendy at 425.827.4649 or e-mail [wendy@rosehillpc.org](mailto:wendy@rosehillpc.org)

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Child's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: (mm/dd/yyyy) \_\_\_\_\_

Age: \_\_\_\_\_ Grade going into this fall: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Symptoms of Reaction: \_\_\_\_\_

Recommended Response: \_\_\_\_\_

Other medical or behavioral conditions we should be aware of: \_\_\_\_\_

List information in order of preference for contact in case of emergency:

<u>Contact</u>	<u>Relationship</u>	<u>Phone</u>
1. _____ e-mail _____	_____	_____
2. _____ e-mail _____	_____	_____
3. _____ e-mail _____	_____	_____

My child has my permission to participate in all activities unless otherwise noted. I authorize Rose Hill Presbyterian Church (RHPC) or its agents to administer the medications listed on our registration form to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by RHPC or its agents to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Photographs are taken throughout this event for the enjoyment of families, our church family and for possible future promotion. Your child may be included in the photos. By registering for this event, you give your permission for your child's photo to be taken and displayed.

Signature: \_\_\_\_\_

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