



SHARE OUR STRENGTH'S
**COOKING
MATTERS**

Cooking Matters for Parents Enrollment Form

Name

Address

City

State Zip Code

Phone - - Phone Type: Cell/Mobile Home Work

Email Address

Which language do you prefer? English Spanish

Do you have children **ages 0-5**? Yes No

Do you have children **ages 6-17**? Yes No

Check this box if you **do not** want to receive shopping and cooking tips from Cooking Matters once in a while.

FOR STAFF USE ONLY

Course Code