



THE FRENCH PASTRY SCHOOL

Registration Continuing Education Course

The Registration Process:

- 1. Please complete this application form and submit to The French Pastry School with 50% of the tuition as a deposit to secure your place (credit card deposits may be faxed, phoned, or mailed in).
2. The balance is due on the first day of the course. If you have any questions, please contact us at 312.726.2419.

You may register by mail, phone or fax:

The French Pastry School
226 West Jackson Blvd., Suite 106
Chicago, IL 60606

Tel: 312.726.2419

Fax: 312.726.2446

Personal Information:

FIRST NAME MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EVENING PHONE

CELL PHONE FAX

EMAIL ADDRESS

Which course are you registering for?

COURSE TITLE AND INSTRUCTOR NAME

DATE

Credit Card Information:

Visa MasterCard American Express

CREDIT CARD NUMBER EXP DATE

NAME ON CARD

BILLING ADDRESS

CITY STATE ZIP CODE

Please identify a person The French Pastry School might contact in an emergency:

FIRST NAME MIDDLE LAST

DAYTIME PHONE EVENING PHONE

Do you have any food allergies and/or physical limitations? Yes No
If yes, please describe:

Terms:

All ingredients and equipment for the class will be provided by The French Pastry School. A deposit of 50% is required to secure your place in the class. If you cancel prior to 15 days before the class begins your deposit will be refunded in full. Within 15 days of class the refund will be forfeited. Payment must be made in full on the first day of class by cash, check or credit card. The French Pastry School reserves the right to cancel or change the classes at any time.

I certify that this information is true and complete to the best of my knowledge. I have read and I understand the terms of the application.

SIGNATURE OF STUDENT DATE



THE
FRENCH PASTRY
SCHOOL

Questionnaire
Continuing Education Course

Please help us to better serve the needs of our students by taking a few minutes to answer the following series of questions. Please return this completed questionnaire with your registration form. We appreciate your input.

How did you hear about our courses?

- Brochure Newspaper Internet
 Work Email Postcard Friend

OTHER: _____

Have you taken courses with us before?

- Yes No

Do you take courses at other institutions?

- Yes No

WHERE HAVE YOU ATTENDED THESE COURSES?

How often do you attend culinary courses during the year?

- 0-3 4-6
 7-9 10 or more

Are you a professional chef or cook?

- Yes No

Are you an amateur seeking knowledge?

- Yes No

Are you taking this course for:

- Pleasure Business

Will your company reimburse you?

- Yes No

WHAT COMPANY DO YOU WORK FOR?

Are there any other areas of pastry that you would like to learn about?

Waiver of Liability:

I understand that this class will include activities that use a knife to chop food items as well as activities that require the handling of hot food as it is being cooked and baked. I agree to not make any claim, suit or demand against The French Pastry School or City Colleges of Chicago for any injury or damage incurred as a result of my participation in this class. By this agreement, I do hereby forever indemnify and hold harmless The French Pastry School, The City Colleges of Chicago, and any individual who is an employee or agent of either institution from any and all claims, demands, actions or causes of action including any or all costs, expenses and attorney's fees arising out of or in any way connected with, directly or indirectly, my participation in The French Pastry School at City Colleges of Chicago class.

I also give my permission to be photographed and/or videotaped while I am working in the kitchen for use in promotional materials by The French Pastry School at City Colleges of Chicago.

SIGNATURE OF STUDENT

DATE