



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 full tuition to secure your place (credit card deposits may be faxed, phoned or mailed in).
2. If you have any question please contact us at 312.726.2419 or visit www.frenchpastryschool.com.

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:

Form fields for personal information: FIRST NAME, MIDDLE, LAST, STREET ADDRESS, CITY, STATE, ZIP CODE, DAYTIME PHONE, EVENING PHONE, CELL PHONE, FAX, EMAIL ADDRESS.

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

Form fields for emergency contact: FIRST NAME, MIDDLE, LAST, DAYTIME PHONE, EVENING PHONE.

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

Which course are you registering for?

Form fields for course registration: COURSE TITLE AND INSTRUCTOR NAME, DATE.

Credit Card Information:

Form fields for credit card information: [ ] Visa [ ] MasterCard [ ] American Express

Form fields for credit card information: CREDIT CARD NUMBER, EXP DATE, NAME ON CARD, BILLING ADDRESS, CITY, STATE, ZIP CODE.

Terms:

All ingredients and equipment for the class will be provided by The French Pastry School. Full payment is required to secure your place in the class. If you cancel prior to 15 days before the class begins your tuition will be refunded in full. 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.

Form fields for signature and date: 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

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