

Parent/Child Cooking Classes

Cooking Together



Youth ages 7-12, along with an adult, will work together to plan and prepare balanced meals that the whole family will enjoy. Menu will include Greek Pita Pockets and

Personal Pizzas. Class instruction provided by a Hy-Vee Registered Dietitian. *Register by January 14.*

333404-A Saturday, January 27
10-11 a.m.

Crystal Community Center, 4800 Douglas Drive
\$38 per pair residents of New Hope, Crystal,
Golden Valley and Robbinsdale
\$45 per pair nonresidents

Designer Cake Decorating

Ages 10 and older and an adult will learn cake decorating techniques by Sweet Heaven by Nne. Participants will leave class with a completely decorated cake packaged in a beautiful gift box, perfect for Valentine's Day! *Register by Feb. 1.*

333404-B Saturday, February 10
10-11:30 a.m.

Crystal Community Center, 4800 Douglas Drive
\$80 per pair residents of New Hope, Crystal,
Golden Valley and Robbinsdale
\$87 per pair nonresidents



Register with: New Hope Parks and Recreation
4401 Xylon Avenue North
New Hope, MN 55428

Refunds, program credits or transfers are allowed up to the printed deadline. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class, unless informed that it is filled or cancelled. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. Questions? Call 763-531-5151

Online registration! Go to webtrac.nhrecexpress.com.



facebook.com/newhoperecreation

Parent/Child Cooking Classes - Winter 2024

Name _____ Phone _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Sex _____ Parent/Guardian _____

Does participant have a special need? _____ Email _____

Course _____ Dates _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I have read and accept the City's refund policy. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Zip Code _____