



Dear Parent or Guardian of You're the Chef participant:

We congratulate you for enrolling your child in the You're the Chef program. The goal of this program is to help children and youth develop the skills and confidence necessary to prepare and enjoy healthy recipes emphasizing vegetables and fruit. You can help your child enjoy healthy eating by encouraging them to prepare You're the Chef recipes at home. You're the Chef is delivered by facilitators trained by the Simcoe Muskoka District Health Unit.

Your support can make all the difference:

- Ask your child how they enjoyed each session, including what they learned and which recipes they prepared
- Encourage him/her to make the recipes they enjoyed at You're the Chef for the rest of the family
- Shop for the ingredients your child needs to prepare the recipes at home
- Involve your child in menu planning and food preparation whenever possible
- Keep your home well stocked with fresh, frozen and canned vegetables and fruit
- Compliment your child for making wise food choices and preparing tasty foods for him/herself and your family.

For more information about healthy eating, call Health Connection at 705-721-7520 or 1-877-721-7520.



www.simcoemuskokahealth.org

You're the Chef registration form:

Please complete the following to participate in
You're the Chef cooking sessions.

Participant Name: _____ Age: _____

Participant Signature: _____ Date: _____

Parents/Guardians

Please complete the following for your child/ward to participate in You're the Chef cooking sessions.

I _____ give permission for _____
(print name of parent/guardian) (print name of participant)

to participate in You're the Chef cooking sessions. I understand that there is some risk involved with any food preparation activity (e.g. use of equipment such as an electric skillet, blender, can opener and knives) and therefore release the agency, Simcoe Muskoka District Health Unit and volunteers involved of any liability should an injury occur.

☐ Yes ☐ No

I give permission for my child to have their picture taken during the program to be used for future promotional purposes.

☐ Yes ☐ No

Signature of parent/guardian: _____ Date: _____

Please return this completed form to: _____ by: _____

If you have any questions, please call: _____

