



Welcome to our Collective Kitchen!

The following information will be kept strictly confidential and will only be used by the Group Leader or CCS in an emergency or for reporting purposes (you will not be identifiable when information is used for reporting purposes).

Personal Details

Name:	
Date of Birth:	
Address:	
Phone number:	
Email address:	
Facebook:	

Contact in case of emergency

Name:	
Phone number:	

Family details:

Number of adults in your household:				
Number of children and ages:				
Number of servings you want to take home:				
Average monthly income:	Less than \$1250	\$1250-1650	\$1650-\$2,500	Over \$2,500

Do you need childcare?

Yes

No

If yes, for how many children and their ages:

Please list any allergies in your family:

Nuts

Fish/Shellfish

Eggs

Wheat

Dairy

Other: _____

Please list any diet related medical conditions in your family:

Diabetes

Celiac disease

Heart disease

High blood pressure

Other: _____

I give permission for the group leader to contact me or my emergency contact if the need should arise. I also give permission for the group leader to use information I have provided for reporting purposes, as long as I am not identifiable.

I give permission for CCS to use photographs of me during my time in the kitchen for grant reporting purposes.

Signed:

Date: