



REGISTRATION FORM Cabaret Kids

Section for Office use	
Name:	_____
Weeks attending:	_____
Paid BBQ:	_____
Paid:	_____
Ext. Hrs:	_____
Outstanding fees:	_____

Camper Information
Name:
Full Address:
Email:
Sex:
Birth Date:
School & Grade:
Home Phone:
Mother Information
Mother's Name:
Mother's Cell Phone:
Mother's Place Of Work Name:
Mother Work Phone:
Father Information
Father's Name:
Father's Cell Phone:
Father's Place Of Work Name:
Father's Work Phone:
Secondary Contact Information
Name:
Relationship To Camper:
Phone Number(s):
Family Information
Marital Status Of Parents:
Siblings Name & Ages (If Any):
Camp Information
Camp Hours are 9-3. Do You Need Extended Hours?:
If Yes, What Times?:
Swimming Level:
Previous Camp Experience:
Desired Week(s) of attendance:
Medical Information
Medicare or Health Card # And Expiry Date:
Activity Restriction(s)?:
Allergies, Drug Reactions, Medical Problems Or Handicaps:

Family Doctor Name:
Family Doctor Number:
Appendix Operated?
Chicken Pox:
Other
Do you give permission to Cabaret Kids to use your child's picture or video in our brochures, social media or web page? (Names will be withheld) Yes No
Where did you hear about Cabaret Kids?
I am registering for B.B.Q.: Wed \$8 Friday \$8
I have sent a payment in for the BBQ \$
Do you want a kosher hot dog?
I am registering for (Indicate weeks or sessions)
Other Remarks:
Receipt made out to:

Session 1 (Week 1 & 2) **June 29th-July 3rd/July 6th-10th** (show at 1:15 July 10th)
Session 2 (Week 3 & 4) **July 13th-17th/July 20th-July 24th** (show at 1:15 July 24th)
Session 3 (Week 5 & 6) **July 27th-July 31st/Aug 3rd-Aug 7th** (show at 1:15 Aug 7th)
Session 4 (Week 7 & 8) **Aug 10-Aug 14th /Aug 17th-Aug 21st** (show at 1:15 Aug 21st)

- 1) Fill in the form and mail in your cheque
or
- 2) Fill in the form and send by mail and you will receive a confirmation.
You will then be able to pay by Etransfer

Cabaret Kids, 3 Northview Place, Dollard Des Ormeaux, Quebec H9B 3K8

