



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 to use your child's picture or video in our brochures 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:

<p>Session 1 (2 weeks): June 25th - July 6th - (show– July 6th 1:15pm)</p> <p>Session 2 (2 weeks): July 9th –July 20th - (show– July 20th at 1:15pm)</p> <p>Session 3 (2 weeks):- July 23th – Aug. 3rd - (show -July 3rd at 1:15pm)</p> <p>Session 4 (2 weeks): Aug. 6th - Aug. 17th - (show– August 17th at 1:15pm.)</p>

Fill in the form and mail your cheque to:

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