

Kids Cuckoos Nest Winter Camp Registration

Child Information

Child's Full Name

Date of Birth

Age

Gender

☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say

School (2026–2027)

Grade (2026–2027)

Home Address

City

Province

Postal Code

Camp Registration

Please select the week(s) your child will attend:

☐ December 21–23

☐ December 28–30

Extended Care

Will your child require extended care?

☐ Yes ☐ No

If yes:

☐ Before Camp

☐ After Camp

☐ Both

Medical Information

Does your child have any allergies?

Medical Conditions

Kids Cuckoos Nest | 202 Stirling Crescent, Unit 2A | Bradford, ON L3Z 4L5

kidscuckoosnest@gmail.com

Dietary Restrictions

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Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Phone Number

Email Address

Address (if different)

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Authorized Pick-Up

Who is authorized to pick up your child?

Permissions

May we use photos of your child for Kids Cuckoos Nest social media and promotional materials?

☐ Yes ☐ No

☐ I authorize Kids Cuckoos Nest staff to seek emergency medical treatment for my child if I cannot be reached.

Participation Agreement

☐ I understand that my child will participate in camp activities.

☐ I understand that all reasonable precautions will be taken to ensure my child's safety.

☐ I agree to follow the camp policies.

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How did you hear about us?

- ☐ Facebook
- ☐ Instagram
- ☐ Friend/Family
- ☐ Website
- ☐ Returning Family
- ☐ Other

Parent/Guardian Signature

Type your full name as your electronic signature

Date

Contact Information

Kids Cuckoos Nest

202 Stirling Crescent, Unit 2A

Bradford, ON L3Z 4L5

<mailto:kidscuckoosnest@gmail.com>