

MIDDLESEX CENTRE APPLICATION FORM YMCA SCHOOL YEAR DAY CAMP 2022-23

TOTAL

®									
CAMPER INFORMATION									
lame:			Birthday (day/month/ye	month/year): Age at camp:					
ddress:			City:		Postal Code: Primary Phone #:				
Tamper's Swim Level: Non-Swimmer) Beginner O	Average	• Above Average		Camper Mate Rec	quest:			
PARENT 1/PRIMARY CONTACT					PARENT 2/SECONDARY CONTACT				
Name:					Name:				
Primary Phone #:	Secondary P		hone #:		Primary Phone #:		Secondary Phone #:	Secondary Phone #:	
Email:					Email:				
CUSTODY OF CAMPER									
Please Specify: O Parent 1 O Parent 2 O Both O Joint: O Other:									
EMERGENCY CONTACT									
lame: (other than parent/guardian)					Preferred contact number:				
lame: (other than parent/guardian)					Preferred contact number:				
WHO IS AUTHORIZED TO	O PICK-UP AT THE E	ID OF CAMP?	,						
Please Specify: Guardians Emergency Contacts Other:									
ee Per Day: \$39 Member /	\$47 Non-Member; M	arch Break: \$	170 Member / \$201 Non-M	1ember					
CAMP SELECTION									
SESSION	DATES		CAMP PROGRAM	CA	AMP SITE	CAMP FEE	NON-MEMBERS EXTENDED CARE (\$8/DAY, \$40/WK)	TOTAL	
PA DAY #2	OCTOBER 24, 2022								
PA DAY #3	NOVEMBER 18, 2022								
WINTER BREAK	DECEMBER 28, 2022								
WINTER BREAK	DECEMBER 29, 2022								
WINTER BREAK	DECEMBER 30, 2022								
WINTER BREAK	JANUARY 3, 2023								
WINTER BREAK	JANUARY 4, 2023								
WINTER BREAK	JANUARY 5, 2023								

WINTER BREAK JANUARY 6, 2023 PA DAY #4 JANUARY 20, 2023 MARCH BREAK MARCH 13-17, 2023 PA DAY #5 MAY 19, 2023 PA DAY #6 JUNE 2, 2023 YMCA Subsidy Donation



YMCA SCHOOL YEAR DAY CAMP 2022-23

Does your child require one to one support? $oldsymbol{O}$ Yes $oldsymbol{O}$ No								
NOTE: If you answered Yes, you must contact the Camping Branch at daycamp@swo.ymca.ca before registering your child to confirm additional support staff is available.								
MEDICAL INFORMATION								
Please describe any allergies or medical needs your child's camp staff should know about.								
Please list any medications that your child requires while at camp:								
PAYMENT / AUTHORIZATION								
 ✓ YMCA Member ✓ Non-member (In order to receive the member rate, your camper must be a member of the YMCA of Southwestern Ontario at the time of registration and during camp.) PAYMENT OPTIONS: ✓ Payment in Full (includes \$10 non-refundable deposit for PD Day's and \$50 non-refundable deposit for March Break) ✓ Extended Payment (minus non-refundable deposit) 	FINANCIAL ASSISTANCE: • Please allow 2-3 weeks for processing of application and calculations. FINANCIAL ASSISTANCE OPTIONS: YMCA Subsidy							
(extended option MUST include a Credit Card or Void Cheque for future payments) Note: NSF payments will be subject to a \$30 service charge. PHOTO CONSENT	METHOD OF PAYMENT: O VISA O MasterCard O Debit O Cash							
I understand that photographs, images or recordings containing my child's picture my be used for pmarketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, pos								
CANCELLATION / WITHDRAWAL POLICY								
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp Cancellation requests received prior to 6 business days before start of the affected camp session will receive requests received less than 6 business days prior to the affected camp session or during a camp session or Refunds may take 2 to 3 weeks to process.	eive a refund less the non-refundable deposit of \$10.00 per day or \$50.00 per week. Any withdraw							
The YMCA of Southwestern Ontario may provide exemptions to the cancellation policy for continuous and the continuous provides a second of the continuous policy for continuous policy pol								
The YMCA reserves the right to cancel any program where registration numbers are not ade Families will be notified at the weekly registration close. Options for a refund or transfer to								
AUTHORIZATION								
In permitting my child to attend "day camp" programming operated by the YMCA, I the undersigned, in including admission to the hospital and necessary treatment herein, as deemed essential for the care ar undersigned or other indicated authorized contacts cannot be made. I have read and understood: 1. The Drop off/Pick up, Bussing and Extended Care information 2. I agree with the Camper Behaviour expectations and the Code of Conduct and will discuss it w 3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special authorize my child to participate in all programs	nd well being of said child. Such action is to be taken only when immediate contact with the ith my child							
Signature of Parent/Guardian	Date Signed							

YOUR CHOICE: From time to time the YMCA of Southwestern Ontario may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from

other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.

☐ Check here if you do NOT wish the YMCA of Southwestern Ontario to contact you for any reason other than those relating to this application.