

YMCA SCHOOL YEAR DAY CAMP 2022-23

TOTAL

CAMPER INFORMATION								
Name:		Birthday (day/month/year):	Age at camp:	Age at camp:				
Address:		City:	Postal Code:	Postal Code: Primary Phone #:				
Camper's Swim Level:			Camper Mate Re	Camper Mate Request:				
O Non-Swimmer C	D Beginner O Average	• Above Average						
PARENT 1/PRIMARY CONTACT				PARENT 2/SECONDARY CONTACT				
Name:				Name:				
Primary Phone #:	Secondary	Phone #:	Primary Phone #	t:	Secondary Phone #:			
Email:			Email:	Email:				
CUSTODY OF CAMPER								
Please Specify: O Parent 1 O Parent 2 O Both O Joint: O Other:								
EMERGENCY CONTACT								
Name: (other than parent/guardian)				Preferred contact number:				
Name: (other than parent/guardian)				Preferred contact number:				
WHO IS AUTHORIZED TO PICK-UP AT THE END OF CAMP?								
Please Specify: Guardians Emergency Contacts Other:								
Fee Per Day: \$37 Member / \$41 Non-Member; March Break: \$160 Member / \$191 Non-Member								
CAMP SELECTION								
SESSION	DATES	CAMP PROGRAM	CAMP SITE	CAMP FEE	EXTENDED CARE (\$8/DAY, \$40/WK)	TOTAL		
PA DAY #1	SEPTEMBER 6, 2022							
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							
EASTER MONDAY	APRIL 10, 2023							
PA DAY #5	MAY 19, 2023							
PA DAY #6	JUNE 2, 2023							
PA DAY #7	JUNE 30, 2023							
					YMCA Subsidy Donation			



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.

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Does your child require one to one support?	
NOTE: If you answered Yes, you must contact the Camping Branch at daycamp@swo.ymca.ca befo	re 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) (extended option MUST include a Credit Card or Void Cheque for future payments) Note: NSF payments will be subject to a \$30 service charge. 	FINANCIAL ASSISTANCE: • Please allow 2-3 weeks for processing of application and calculations. FINANCIAL ASSISTANCE OPTIONS: O YMCA Subsidy Municipal Childcare Subsidy Case Worker Name: Case Worker Contact Number: METHOD OF PAYMENT: VISA MasterCard Debit Cash
PHOTO CONSENT	
I understand that photographs, images or recordings containing my child's picture my be used for marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, po	
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 recrequests received less than 6 business days prior to the affected camp session or during a camp session Refunds may take 2 to 3 weeks to process.	ceive a refund less the non-refundable deposit of \$10.00 per day or \$50.00 per week. Any withdraw
$\label{thm:continuous} The YMCA of Southwestern Ontario may provide exemptions to the cancellation policy for continuous and the continuous continuous$	campers impacted by COVID 19. Refunds will be assessed on a case to case basis.
The YMCA reserves the right to cancel any program where registration numbers are not ad 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 a 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 v 3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special considerations). I 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 vith 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	s form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from