

YMCA SCHOOL YEAR DAY CAMP 2022-23

YMCA Subsidy Donation

TOTAL

®							
CAMPER INFORMATIO	N						
Name:		Birthday (day/month/yea	r): Age at camp:	Age at camp:			
Address:		City:	Postal Code:	Postal Code: Primary Phone #:			
Camper's Swim Level:		Camper Mate R	Camper Mate Request:				
O Non-Swimmer	O Beginner O Averag	e O Above Average					
PARENT 1/PRIMARY C		PARENT 2/SEC	PARENT 2/SECONDARY CONTACT				
Name:		Name:	Name:				
Primary Phone #:	Secondar	y Phone #:	Primary Phone	#:	Secondary Phone #:	Secondary Phone #:	
Email:			Email:	Email:			
CUSTODY OF CAMPER							
Please Specify:	Parent 1	Both O Joint: C	Other:				
EMERGENCY CONTACT	г						
Name: (other than parent,		Preferred contact	Preferred contact number:				
Name: (other than parent/		Preferred contact	Preferred contact number:				
WHO IS AUTHORIZED	TO PICK-UP AT THE END OF CAN	IP?					
Please Specify:	Guardians Emergency Co	ntacts Other:					
Fee Per Day: \$35 Membe	r / \$41 Non-Member; March Brea l	c: \$160 Member / \$175 Non-					
M @AMP SELECTION							
SESSION	DATES	CAMP PROGRAM	CAMP SITE	CAMP FEE	EXTENDED CARE (\$7/DAY, \$35/WK)	TOTAL	
PA DAY #1	SEPTEMBER 16, 2022						
PA DAY #2	OCTOBER 7, 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	1		1	1	1	

WINTER BREAK JANUARY 4, 2023 WINTER BREAK JANUARY 5, 2023 WINTER BREAK JANUARY 6, 2023 PA DAY #4 FEBRUARY 3, 2023 MARCH BREAK MARCH 13-17, 2023 EASTER MONDAY APRIL 10, 2023 PA DAY #5 APRIL 28, 2023 PA DAY #6 JUNE 9, 2023 PA DAY #7 JUNE 30, 2023



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.

YMCA SCHOOL YEAR DAY CAMP 2022-23

Does your child require one to one support? O Yes O No	
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	osters, mailers etc. By checking "Yes", I am granting my permission Yes No No No No No No No No No No
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 for 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
	s form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from