

## **CHATHAM YMCA DAY CAMP 2023**

CAMPER INFORMATION									
Name:			Birthday (day/mon	nth/year):		Age at camp:			
ress:		City:	Postal Code:		Home Ph	Home Phone Number:			
Camper Mate Request:			ı						
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2								
Name:			Name:						
Primary Phone:	ry Phone: Secondary Phone:			Primary Phone:			Secondary Phone:		
mail:			Email:						
CUSTODY OF CAMPER									
Please Specify: Parent/ Guardian 1 Parent/ Guardian 2 Both Joint 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:									
CAMP PROGRAMS: WEEKLY CAMP (4-12YRS) MEMBER	FEES: \$165/WEEK,	\$132/SHORT WEEK, NON-MEMBER: \$180/WE	EK, \$144/SHORT WEEK. s	SWIM CAMP: \$180 MEMBER	\$200 NON-M	EMBER, LEADERSHIP: \$216 MEN	MBER, \$270 NON-MEMBER		
CAMP SELECTION						T	on Monday August 7, 2023		
WEEK DATES		CAMP SITE		CAMP FEE	0	EXTENDED CARE REQUIRED? (\$40/WEEK) omplimentary for YMCA Members	TOTAL		
WK 1: July 3–7									
WK 2: July 10–14									
WK 3: July 17–21									
WK 4: July 24–28									
WK 5: July 31–Aug 4									
WK 6: Aug 8-11*									
WK 7: Aug 14–18									
WK 8: Aug 21–25									
WK 9: Aug 28–Sept 1									
All registrations are due by noon on the Thursday prior to the camp session. Please complete one form per camper. Additional forms can be photocopied or downloaded at www.ymcaswo.ca/programs/camps/summer-day-camp. Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.						YMCA Subsidy Donation TOTAL			



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.

## **CHATHAM YMCA DAY CAMP 2023**

Does your child require one to one support? • Yes • No										
<b>NOTE:</b> 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:  Your child's needs are important to us. Is there anything further we should know to support your child?  Yes  No										
									If yes, please contact us at daycamp@swo.ymca.ca	
									PAYMENT / AUTHORIZATION	
	posters, mailers etc. By checking "Yes", I am granting my permission Yes No  No  No  mp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. ull refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 busi-									
The YMCA reserves the right to cancel any program where registration numbers are not a Southwestern Ontario such as the in-operability of the site, health reasons, or other unfo	adequate to run an effective program or situations outside the control of the YMCA of									
AUTHORIZATION	orescen aramistalices.									
	it with my child									
Signature of Parent/Guardian:	Date Signed:									
YOUR CHOICE: From time to time the YMCA of Southwestern Ontario may use my information on t	this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from									