



APPLICATION FORM

NORTH MIDDLESEX YMCA DAY CAMP 2023

CAMPER INFORMATION

Name:		Birthdate (day/month/year):	Age at camp:
Address:	City:	Postal Code:	Home Phone Number:
Camper Mate Request:			

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Name:		Name:	
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email:		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: \$164/WEEK, \$131/SHORT WEEK, NON-MEMBER: \$196/WEEK, \$157/SHORT WEEK.

CAMP SELECTION

**All day camps closed on Monday August 7, 2023*

WEEK DATES	CAMP SITE	CAMP FEE	EXTENDED CARE REQUIRED? (\$40/WEEK) <small>Complimentary for YMCA Members</small>	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	



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Does your child require one to one support? Yes 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:

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

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 \$50 non-refundable deposit)
- 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.
July camps MUST be paid in full by June 1, 2023.
August camps MUST be paid in full by July 1, 2023.

FINANCIAL ASSISTANCE:

• Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS: YMCA Subsidy Municipal Subsidy

Case Worker Name: _____

Case Worker Contact Number: _____

CREDIT CARD: Contact your YMCA or the Camping Branch at 519-453-8858 to provide your credit card information.

EFT: Please attach void cheque or direct withdraw form.

CASH/DEBIT: Available upon request.

PHOTO CONSENT

I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook and Twitter; and other marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, posters, mailers etc. By checking "Yes", I am granting my permission Yes No

CANCELLATION / WITHDRAWAL POLICY

All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received 6 business days prior to the affected camp week will be subject to a full refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 business days prior to the camp week will forfeit any possible refund. Cancellations due to a medical reason will be evaluated on a case-by-case basis. Refunds may take 2-3 weeks to process.

The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program or situations outside the control of the YMCA of Southwestern Ontario such as the in-operability of the site, health reasons, or other unforeseen circumstances.

AUTHORIZATION

In permitting my child to attend "day camp" programming operated by the YMCA of Southwestern Ontario, I the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of said child. Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

1. The Drop off/Pick up and Extended Care information
2. I agree with the Camper Behaviour expectations and the Code of Conduct and will discuss it with my child
3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
4. I authorize my child to participate in all programs

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.