

EAST LAMBTON YMCA DAY CAMP 2023

CAMPER INFORM	IATION							
Name:				Birthday (day/month/year):		Age at camp:		
Address:		City:	Postal Code: Home		Home Pho	me Phone Number:		
Camper Mate Reques	t:							
PARENT/GUARDIA	AN 1			PARENT/GUARI	DIAN 2			
Name:				Name:				
Primary Phone:	Secondary Pho		one:	Primary Phone:	Primary Phone:		Secondary Phone:	
Email:	ail:			Email:				
CUSTODY OF CAM	IPER							
Please Specify:	Parent/ Guardian 1	Parent/ G	uardian 2 Both	Joint Ot	her:			
EMERGENCY CON	TACT							
Name: (other than pa	rent/guardian)			Preferred contact number:				
Name: (other than pa	rent/guardian)		Preferred contact number:					
WHO IS AUTHORI	ZED TO PICK-UP AT THE E	ND OF CAMP?						
Please Specify: Guardians Emergency Contacts Other:								
CAMP PROGRAMS: V		FEES: \$165/WEEK,	\$132/SHORT WEEK, NON-MEMBER: \$190/WE	EEK, \$152/SHORT WEEK.			¥811 daaaaa	an Mandau Assaut 7 2022
	WEEK DATES		CAMPSITE		CAMP FEE	Co	EXTENDED CARE REQUIRED? (\$40/WEEK) mplimentary for YMCA Members	on Monday August 7, 2023 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–Se _l	pt 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 bel	fore 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 su	upport your child? O Yes O 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.)	FINANCIAL ASSISTANCE: • Please allow 2-3 weeks for processing of application and calculations. FINANCIAL ASSISTANCE OPTIONS: YMCA Subsidy Municipal Subsidy			
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.	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 my be used for marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, page 15 of the PMCA of Southwestern Ontario such as brochures, page 15 of the PMCA of Southwestern Ontario such as brochures, page 15 of the PMCA of Southwestern Ontario such as brochures, page 15 of the PMCA of Southwestern Ontario such as brochures, page 15 of the PMCA of Southwestern Ontario such as brochures, page 16 of the PMCA of Southwestern Ontario such as brochures, page 16 of the PMCA of Southwestern Ontario such as brochures, page 16 of the PMCA of Southwestern Ontario such as brochures, page 16 of the PMCA of Southwestern Ontario such as brochures, page 16 of the PMCA of Southwestern Ontario such as brochures, page 17 of the PMCA of Southwestern Ontario such as brochures, page 17 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwestern Ontario such as brochures, page 18 of the PMCA of Southwe				
CANCELLATION / WITHDRAWAL POLICY				
	np@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. I refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 busion 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 a Southwestern Ontario such as the in-operability of the site, health reasons, or other unfo				
AUTHORIZATION				
	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 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.