



LAMBTON SHORES APPLICATION FORM

YMCA SCHOOL YEAR DAY CAMP 2022-23

CAMPER INFORMATION

Name:	Birthday (day/month/year):	Age at camp:	
Address:	City:	Postal Code:	Primary Phone #:
Camper's Swim Level: <input type="radio"/> Non-Swimmer <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Above Average		Camper Mate Request:	

PARENT 1/PRIMARY CONTACT

PARENT 2/SECONDARY CONTACT

Name:		Name:	
Primary Phone #:	Secondary Phone #:	Primary Phone #:	Secondary Phone #:
Email:		Email:	

CUSTODY OF CAMPER

Please Specify: Parent 1 Parent 2 Both Joint: Other:

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (IN ADDITION TO PARENT 1 & 2)

Name: (other than parent)	Preferred contact number:
Name: (other than parent)	Preferred contact number:

Fee Per Day: \$32 Member / \$37 Non-Member; **March Break:** \$160 Member / \$185 Non-Member

CAMP SELECTION

SESSION	DATES	CAMP PROGRAM	CAMP SITE	CAMP FEE	EXTENDED CARE <small>NON-MEMBERS (\$7/DAY, \$35/WK)</small>	TOTAL
PA DAY #1	FEBRUARY 3, 2023					
MARCH BREAK	MARCH 13-17, 2023					
EASTER MONDAY	APRIL 10, 2023					
PA DAY #2	APRIL 28, 2023					
PA DAY #3	JUNE 9, 2023					
PA DAY #4	JUNE 30, 2023					
					YMCA Subsidy Donation	
					TOTAL	



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.

Blank line for medical information

Please list any medications that your child requires while at camp:

Blank line for medications

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:

- YMCA Subsidy
Municipal Childcare Subsidy

METHOD OF PAYMENT:

- VISA MasterCard Debit Cash

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 prior to 5 business days before start of the affected camp session will receive a refund less the non-refundable deposit. Any withdraw requests received less than 5 business days prior to the affected camp session or during a camp session will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds may take 2 to 3 weeks to process.

The YMCA of Southwestern Ontario may provide exemptions to the cancellation policy for 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 adequate to run an effective program.

Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.

AUTHORIZATION

In permitting my child to attend "day camp" programming operated by the YMCA, 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, Bussing 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.