

YMCA SCHOOL YEAR DAY CAMP 2023-24

YMCA Subsidy Donation

TOTAL

®								
CAMPER INFORMATION	ON							
Name:			Birthday (day/month/year):		Age at camp:			
Address:			City:		Postal Code: Primary Phone #:			
Camper's Swim Level:					Camper Mate Request:			
O Non-Swimmer	O Beginner O	Average	O Above Average					
PARENT 1/PRIMARY CONTACT					PARENT 2/SECONDARY CONTACT			
Name:					Name:			
Primary Phone #: Secondary Pl			hone #:		Primary Phone #:		Secondary Phone #:	
Email:					Email:			
CUSTODY OF CAMPER	₹							
Please Specify:	Parent 1 Parer	nt 2 O E	Both O Joint:	Other:				
EMERGENCY CONTAC	T .							
Name: (other than parent/guardian)					Preferred contact number:			
Name: (other than parent/guardian)					Preferred contact number:			
WHO IS AUTHORIZED	TO PICK-UP AT THE E	ID OF CAMP?						
Please Specify:	Guardians Em	ergency Conta	cts Other:					
Fee Per Day: \$33 Member	er / \$38 Non-Member; M	arch Break: \$	165 Member / \$190 Non-N	1ember				
CAMP SELECTION								
SESSION	DATES		CAMP PROGRAM	C	AMP SITE	CAMP FEE	NON-MEMBERS EXTENDED CARE (\$8/DAY, \$40/WK)	TOTAL
PA DAYS	FRIDAY, SEPTEMBER 1							
	FRIDAY, OCTOBER 6, 20							
	FRIDAY, NOVEMBER 17 FRIDAY, FEBRUARY 2, 2	-						
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SESSION DATES CAMP PROGRAM CAMP SITE CAMP FEE EXTENDED CARE (S8/DAY, 540/WK) TOTAL PA DAYS FRIDAY, SEPTEMBER 15, 2023 FRIDAY, OCTOBER 6, 2023 FRIDAY, NOVEMBER 17, 2023 FRIDAY, PARIL 26, 2024 FRIDAY, APRIL 26, 2024 FRIDAY, JUNE 7, 2024 FRIDAY, JUNE 28, 2024 MARCH BREAK MARCH 11-15, 2023 WINTER BREAK WEDNESDAY, DECEMBER 27, 2023 THURSDAY, DECEMBER 28, 2023 FRIDAY, DECEMBER 29, 2023 TUESDAY, JANUARY 2, 2024 WEDNESDAY, JANUARY 3, 2024 THURSDAY, JANUARY 3, 2024 THURSDAY, JANUARY 4, 2024 FRIDAY, JANUARY 4, 2024 FRIDAY, JANUARY 5, 2024



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.

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Does your child require one to one support? O Yes O No								
NOTE: Registration for 1:1 support is only available by contacting daycamp@swo.ymca.ca before registering.								
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 ✓ 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 Days 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: O YMCA Subsidy Municipal Childcare Subsidy Case Worker Name: Case Worker Contact Number: METHOD OF PAYMENT: VISA MasterCard Debit Cash							
PHOTO CONSENT								
I understand that photographs, images or recordings containing my child's picture my be used for pmarketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, po	·							
CANCELLATION / WITHDRAWAL POLICY								
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp. Cancellation requests received prior to 6 business days before start of the affected camp session will receive requests received less than 6 business days prior to the affected camp session or during a camp session way take 2 to 3 weeks to process.	sive a refund less the non-refundable deposit of \$10.00 per day or \$50.00 per week. Any withdraw							
The YMCA of Southwestern Ontario may provide exemptions to the cancellation policy for continuous and the continuous provides a second of the continuous policy for continuous policy pol								
The YMCA reserves the right to cancel any program where registration numbers are not ade 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 ar 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 w 3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, spe 4. I authorize 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 ith 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