



STRATHROY-CARADOC APPLICATION FORM

YMCA SCHOOL YEAR DAY CAMP 2023-24

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:

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:

Fee Per Day: \$40 Member / \$48 Non-Member; **March Break:** \$175 Member / \$207 Non-Member

CAMP SELECTION

SESSION	DATES	CAMP PROGRAM	CAMP SITE	CAMP FEE	EXTENDED CARE <small>NON-MEMBERS (\$5/DAY, \$25/WK)</small>	TOTAL
PA DAYS	TUESDAY, SEPTEMBER 5, 2023					
	FRIDAY, OCTOBER 6, 2023					
	FRIDAY, NOVEMBER 17, 2023					
	FRIDAY, JANUARY 19, 2024					
	FRIDAY, APRIL 19, 2024					
	FRIDAY, MAY 31, 2024					
	FRIDAY, JUNE 28, 2024					
EASTER MONDAY	MONDAY, APRIL 1, 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 4, 2024					
	FRIDAY, JANUARY 5, 2024					
YMCA Subsidy Donation						
TOTAL						



Does your child require one to one support?

- Yes 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:

- 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 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 6 business days before start of the affected camp session will receive a refund less the non-refundable deposit of \$10.00 per day or \$50.00 per week. Any withdraw requests received less than 6 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.