

STRATHROY YMCA DAY CAMP 2024

CAMPER INFORMATION								
Name:			Birthday (day/month/year):		Age at camp:			
Address:		City:	Postal Code: Home		Home Pho	e Phone Number:		
Camper Mate Request:								
PARENT/GUARDIAN 1			PARENT/GUARI	NIAN 2				
Name:			Name:					
Primary Phone:	ry Phone: Secondary Pho		Primary Phone:		S	Secondary Phone:		
Email:			Email:					
CUSTODY OF CAMPER								
Please Specify: Parent/ Guardian 1 Parent/ Guardian 2 Both Joint Other:								
riease specify. Faietify dualulait i Faietify dualulait 2 bout John Outer.								
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) MEN	IBER FEES: \$180/WEEK,	\$144/SHORT WEEK, NON-MEMBER: \$210/WE	EK, \$168/SHORT WEEK.					
CAMP SELECTION						*All day camps closed	on Monday August 5, 2024	
WEEK DATES		CAMP SITE		CAMP FEE	Ca	EXTENDED CARE REQUIRED? (\$25/WEEK) mplimentary for YMCA Members	TOTAL	
WK 1: July 2–5*								
WK 2: July 8–12								
WK 3: July 15–19								
WK 4: July 22–26								
WK 5: July 29–Aug 2								
WK 6: Aug 6-9*								
WK 7: Aug 12–16								
WK 8: Aug 19–23								
WK 9: Aug 26–30								
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						YMCA Subsidy Donation		
de priotocopied of downloaded at www.ymca camp registration First come first served spac		amps/summer-uay-camp. mcompie	te ioiiiis Will lesüll I	iii a uciay vi yvui Cili	iu 3	TOTAL		



STRATHROY YMCA DAY CAMP 2024

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 be	efore 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 s	support 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.) PAYMENT OPTIONS: ✓ Payment in Full (includes \$50 non-refundable deposit) ✓ Extended Payment (minus non-refundable deposit) 	FINANCIAL ASSISTANCE: • Please allow 2-3 weeks for processing of application and calculations. FINANCIAL ASSISTANCE OPTIONS: YMCA Subsidy Case Worker Name: Case Worker Contact Number:
(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, 2024. August camps MUST be paid in full by July 1, 2024.	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,	
CANCELLATION / WITHDRAWAL POLICY	
Cancellation requests received 6 business days prior to the affected camp week will be subject to a funess days prior to the camp week will forfeit any possible refund. Cancellations due to a medical reasonable to the camp week will forfeit any possible refund.	mp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Ill refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 busi- ion will be evaluated on a case-by-case basis. Refunds will not be issued if the camper is removed from the ed from camp for contravention of camp guidelines or the camp code of conduct for behaviour. The code of
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 unfor	
AUTHORIZATION	
	t 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

☐ 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.

other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.