

# School Year Day Camp 2024-2025

# Application Form



## Strathroy-Caradoc YMCA

### Camper Information

Camper Name  Birth Date (day/month/year)  Age at Camp  Primary Phone #

Address  City  Postal Code

### 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:

Is there anything further we should know?

Yes  No

Does your child require one to one support?

Yes  No

If yes, please contact us at [daycamp@swo.ymca.ca](mailto:daycamp@swo.ymca.ca). Registration for 1:1 support is only available by contacting [daycamp@swo.ymca.ca](mailto:daycamp@swo.ymca.ca) before registering.

### Camp Selection

Fee Per Day: .....\$41 Member / \$49 Non-Member  
 Extended Care (Non-Members): .....\$5/day, \$25/week

PA Days	Extended Care?		Extended Care?	Winter Break	Extended Care?
3-Sep-24		30-May-25		23-Dec-24	
11-Oct-24		27-Jun-25		27-Dec-24	
15-Nov-24				30-Dec-24	
17-Jan-25				2-Jan-25	
11-Apr-25				3-Jan-25	

March Break	Extended Care?
March 10 – 14, 2025 (full week)	
\$180 Member / \$210 Non-Member	

In order to receive the member rate, camper must be a YMCA of Southwestern Ontario member at the time of registration and during camp. 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) must include a Credit Card or Void Cheque for future payments. NSF payments will be subject to a \$30 service charge.  
 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.

Payment Method	VISA	MasterCard	Debit	Cash
----------------	------	------------	-------	------

Are you a YMCA Member?  Yes  No

Payment Options:  In Full  Extended

YMCA Subsidy Donation:  Total:

### Financial Assistance Options (if applicable)

Subsidy Options:  YMCA Subsidy  Municipal Childcare Subsidy

Case Worker Name:

Please allow 2-3 weeks for processing of application and calculations.



# School Year Day Camp 2024-2025

# Application Form



## Strathroy-Caradoc YMCA

Parent 1 / Primary Contact		Parent 2 / Secondary Contact	
Name	Primary Phone #	Name	Primary Phone #
Email	Secondary Phone #	Email	Secondary Phone #

Custody of Camper	Both	Parent 1	Parent 2	Joint	Other:
-------------------	------	----------	----------	-------	--------

Emergency Contacts (other than parent/guardian)			
Name	Preferred Contact #	Name	Preferred Contact #

Who is authorized to pick up?	Guardians	Emergency Contacts	Other:
-------------------------------	-----------	--------------------	--------

Camper Mate Request:
----------------------

### Cancellation / Withdrawal Policy

All cancellation requests must be submitted by email directly to the Camping Branch Office at [daycamp@swo.ymca.ca](mailto:daycamp@swo.ymca.ca) with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received prior to two weeks (14 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 two weeks (14 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 and refunds will be assessed on a case-by-case basis. Refunds may take 2 to 3 weeks to process. 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, and Extended Care information
2. I agree with our YMCA Day Camp Child Guidance Policy and information referenced in our Day Camp Info Guide 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

I understand that photographs, images or recordings containing my child's picture may be used on the YMCA website; social media including Facebook; and other marketing and promotional materials such as brochures, posters, mailers etc.

Check here if you do NOT wish to be contacted for any reason other than those relating to this application, including upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.

