Summer Day Camp 2026

Application Form

Shine On Southwestern Ontario

Central-Huron (Clinton) YMCA

Camper Information

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

Address | City | Postal Code

Swim Level

○ Non-Swimmer ○ Beginner ○ Average ○ Above Average

Does your child require one to one support?

○ Yes ○ No

Camper Mate Request

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:

Camp Selection

	4-day	5-day	Extended Care
Member Fees:	$144	$185	FREE
Non-Member Fees:	$168	$215	$40/week

	Week	Start Date	End Date	Days	Ext. Care	Camp Selection	Total
☐	Week 1	June 29, 2026	July 3, 2026	4	☐		
☐	Week 2	July 6, 2026	July 10, 2026	5	☐		
☐	Week 3	July 13, 2026	July 17, 2026	5	☐		
☐	Week 4	July 20, 2026	July 24, 2026	5	☐		
☐	Week 5	July 27, 2026	July 31, 2026	5	☐		
☐	Week 6	Aug. 4, 2026	Aug. 7, 2026	4	☐		
☐	Week 7	Aug. 10, 2026	Aug. 14, 2026	5	☐		
☐	Week 8	Aug. 17, 2026	Aug. 21, 2026	5	☐		
☐	Week 9	Aug. 24, 2026	Aug. 28, 2026	5	☐		

Are you a YMCA Member? ○ Yes ○ No

Payment Options: ○ In Full ○ Extended

YMCA Subsidy Donation:

Total:

Payment Method

○ VISA ○ MasterCard ○ Debit ○ Cash

In order to receive the member rate, camper must be a YMCA of Southwestern Ontario member at the time of registration and during camp. Extended Payment ($50.00 non-refundable deposit due at time of registration) must include a Credit Card or Void Cheque for future payments. NSF payments will be subject to a $30 service charge.

YMCA SUMMER DAY CAMP

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 camp registration. First come first served, space is limited.

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Guardian 1 / Primary Contact

Name

Primary Phone #

Email

Secondary Phone #

Guardian 2 / Secondary Contact

Name

Primary Phone #

Email

Secondary Phone #

Custody of Camper

Both Guardian 1 Guardian 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:

Financial Assistance Options (if applicable)

Subsidy Options:

YMCA Subsidy Municipal Childcare Subsidy

Case Worker Name:

Contact #

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

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 two weeks (14 days) before start of the affected camp session will receive a refund less the non-refundable deposit of $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 will discuss it with my child
3. I agree with Parent/Guardian Code of Conduct, Washroom Policy, Sunscreen Policy and all other policies and information referenced in our Day Camp Info Guide
4. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
5. I authorize my child to participate in all programs

Signature of Parent/Guardian

Date Signed

Check here if you do NOT give permission for photographs, images or recordings containing your child's picture to be used on the YMCA website; social media including Facebook; and other marketing and promotional materials.

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.

YMCA SUMMER DAY CAMP