

School Year Day Camp 2026-2027

Application Form



Jerry McCaw Family Centre 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

Registration for 1:1 support is only available by contacting the Y prior to registration. If you answered yes to either of the above, please contact us at daycamp@swo.ymca.ca.

Camp Selection

Fee Per Day: \$38 Member / \$44 Non-Member
Extended Care (Non-Members): \$8/day, \$40/week

PA Days

Extended
Care?

November 20, 2026

February 1, 2027

March 29, 2027

Easter Monday

April 30, 2027

Extended
Care?

June 4, 2027

June 30, 2027

Winter Break

Extended
Care?

December 21, 2026

December 22, 2026

December 23, 2026

December 28, 2026

December 29, 2026

December 30, 2026

March Break

Extended
Care?

March 15 – 19, 2027

(full week)

\$190 Member / \$220 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 submit this form by email to daycamp@ymcaswo.ca and allow 2-3 weeks for processing of application and calculations.

YMCA SCHOOL YEAR
CAMP

Application Form

Jerry McCaw Family Centre YMCA

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

Custody of Camper	Both	Guardian 1	Guardian 2	Joint	Other:
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Emergency Contacts (other than parent/guardian)			
Name	Preferred Contact #	Name	Preferred Contact #

Who is authorized to pick up?	Guardians	Emergency Contacts	Other:
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Camper Mate Request:

Cancellation / Withdrawal Policy

All cancellation and withdraw requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca. Cancellation and withdraw 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 cancellation or 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 cancellation or withdraw requests due to medical reasons and refunds will be assessed on a case-by-case basis. Refunds will not be issued if a child is removed from camp due to noncompliance with the Child Guidance Policy. 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 or situations outside the control of the YMCA of Southwestern Ontario such as the inoperability of the site, health reasons, weather related conditions or other unforeseen circumstances. 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 late pick up policy
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 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 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.