

Application Form

Strathroy-Caradoc YMCA

Camper Information

Camper Name	Birth Date (day/month/year)	Age at Camp	Primary Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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:\$43 Member / \$51 Non-Member
 Extended Care (Non-Members):\$5/day, \$25/week

PA Days

Extended Care?

☐ October 26, 2026

☐
☐ January 15, 2027

☐
☐ April 16, 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.

Application Form

Strathroy-Caradoc YMCA

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:

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

- ☐ 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.