

REGISTRATION FORM

YMCA SCHOOL YEAR DAY CAMP 2014/2015

CAMPER INFORMATION

Name:	Birthday (day/month/year):	Age at camp:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Address:	City:	Postal Code:	Home Phone Number:
Camper's Swim Level: <input type="radio"/> Non-Swimmer <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Above Average		Camper Mate Request:	

PARENT 1/PRIMARY CONTACT

PARENT 2/SECONDARY CONTACT

Name:		Name:
Work Phone:	Cell Phone:	Address: (if different than camper)
Email:		Contact Number:

CUSTODY OF CAMPER

Please Specify: Mother Only Father Only Both Other: _____

I understand and permit pictures of my child to be taken at camp and used for promotional purposes for the YMCA of Western Ontario Yes No

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (LIST ANY POSSIBLE PEOPLE TO PICK UP IN ADDITION TO PARENT 1 & 2)

Name: (other than parent)	Home Phone:	Work/Cell Phone:
Name: (other than parent)	Home Phone:	Work/Cell Phone:

MEDICAL INFORMATION

Does your child have any allergies or medications needs?

Please list any medical or dietary conditions we should be aware of:

Please list any medications that your child requires while at camp:

Does your child require additional support staff due to special needs? Yes No

If you answered yes to your child requiring additional support staff, please contact our office at 519.453.8858 to ensure availability for one on one support.

NOTE: You are also required to complete a supplementary form which can be picked up at our branches or downloaded from www.ymcawo.ca

ADDITIONAL INFORMATION

How did you hear about Y Camps? Please check: Newspaper Friend Returning camper Y-Member Mall Public Event Internet

Why have you chosen Y Camps? Please check: Convenience Locations Cost Programming Financial Assistance

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Registration is also available Online at www.ymcawo.ca Incomplete forms will result in a delay of your child's camp registration.

Registrations are processed in order of sequence the following business day. **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.ymcawo.ca

CAMP PROGRAMS: Scampers (3-4 years old) Rovers (5 years old) Trailblazers (6-8years old) Explorers (9-10years old) Mavericks (11-12 years old)

CAMP SELECTION

SESSION	DATES	CAMP PROGRAM	SITE LOCATION	CAMP FEE	EXTENDED CARE (\$5 PD/\$30 MARCH)	TOTAL
PA day #1	Friday September 26, 2014					
PA day #2	Friday November 21, 2014					
Holiday camp #1	Monday December 22, 2014					
Holiday camp #2	Tuesday December 23, 2014					
Holiday camp #3	Monday December 29, 2014					
Holiday camp #4	Tuesday December 30, 2014					
Holiday camp #5	Tuesday December 31, 2014					
Holiday camp #6	Friday January 2, 2015					
PA day camp #3	Friday January 16, 2015					
PA day camp #4	Friday April 17, 2015					
PA day camp #5	Monday June 8, 2015					
March break camp	March 16 – 20, 2015					
					YMCA Strong Kids Donation	
					Tshirt @ \$15 each	
					TOTAL	

CANCELLATION/WITHDRAWAL POLICY

All cancellation requests must go directly through the Camping Branch for approval. Cancellation requests must be received at least five (5) business days prior to the start of the affected camp session. Cancellation requests received at least five business days prior to the start of the affected session will receive a refund less the \$10 non-refundable deposit. Any refunds requested with less than five business days or after the start of a camp session will require a medical certificate. For further information please contact the Camping Branch office at 519-453-8858. 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 Cancellation/Withdrawal policy and Payment plans
2. The Drop off/Pick up, Bussing and Extended Care information
3. I agree the Camper Behaviour expectations and will discuss it with my child
4. I have taken care to explain 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: _____

YOUR CHOICE: From time to time the YMCA of Western Ontario may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Western Ontario departments that may be beneficial to the applicant.

Check here if you do NOT wish the YMCA of Western Ontario to contact you for any reason other than those relating to this application.

PAYMENT / AUTHORIZATION

YMCA Member Non-member

(In order to receive the member rate, your camper must be a member of the YMCA of Western Ontario at the time of registration and during camp.)

PAYMENT OPTIONS:

- Payment in Full (includes \$10 non-refundable deposit for PD's and \$50 non-refundable deposit for March Break)
- Extended Payment (minus non-refundable deposit)
(extended option MUST include a Credit Card or Void Cheque for future payments)

FINANCIAL ASSISTANCE:

- \$10 deposit per week of camp is required.
- Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS:

- City of London Subsidy
Case Worker's name: _____
(or call 519.661.2500 to make an appointment)
- Strong Kids (Must apply In Person)

METHOD OF PAYMENT:

- VISA
- MasterCard
- Cheque
- Cash

Credit Card #: _____

Expiry Date: _____

Name of Card Holder: _____

Signature: _____