

REGISTRATION FORM

FOCUS ON YOUTH 2017

LOCATION:

PARTICIPANT 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:

Grade attending in September 2017: _____

PARENT 1/PRIMARY CONTACT	PARENT 2/SECONDARY CONTACT
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Name:	Name:	
Work Phone:	Cell Phone:	Address: (if different than participant)
Email:	Contact Number:	

CUSTODY OF PARTICIPANT

Please Specify: Mother Only Father Only Both Other: _____

I understand and permit pictures of my child to be taken at FOY and used for promotional purposes for the YMCA of Windsor and Essex County Yes No

WHO IS AUTHORIZED TO PICK UP YOUR CHILD, OR CONTACTED FOR EMERGENCY PURPOSES (IN ADDITION TO PARENT 1 AND 2)

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

Does your child have permission to walk home once the program is over? YES NO

MEDICAL INFORMATION (A SUPPLEMENTARY FORM WILL BE REQUIRED IN ADDITION TO THE REGISTRATION FORM)

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 an epi-pen during program hours?

Does your child have an I.E.P.(Individual Education Plan)

Does your child have an Educational Assistance in the classroom setting?

Please check all that apply

- Developmental disability
- Down Syndrome
- Autism Spectrum Disorder
- Pervasive Developmental Disorder
- Ashtma or respiratory concerns
- Tourette's Syndrome
- Cerebral Palsy
- Hearing impairment
- Visual impairment
- ODD
- Diabetes
- Seizure disorder
- Heart conditions
- Communication disorder
- ADD/ADHD
- other: _____

Participant name: _____ \$20 CASH REGISTRATION FEE PAID Initial: _____

PLEASE SELECT THE WEEKS OF PROGRAM YOU WISH TO ATTEND. SOMEONE WILL CONFIRM WITH YOU VIA LETTER OR EMAIL PRIOR TO THE START OF PROGRAM

	Date	Attending Please Check	YMCA Use Only
Week 1	July 10-14 MON-FRI		
Week 2	July 17-21 MON -FRI		
Week 3	July 24-28 MON-FRI		
Week 4	July 31-4 MON-FRI		
Week 5	Aug 8-11* TUES-FRI		
Week 6	Aug 14-18 MON-FRI		

FOY HOURS: 9:00AM - 4:00PM

FOY COST: ONE TIME, NON-REFUNDABLE FEE OF \$20.00 PER PARTICIPANT.

CONTACT INFORMATION: CATHERINE SCANDALE, SUPERVISOR OF FOCUS ON YOUTH, 519-258-0243

REGISTRATION LOCATION, TIME AND DATES ARE AS FOLLOWS:

- **GENERAL AMHERST HIGH SCHOOL** – STARTING JUNE 6TH, 2017 FROM 3:00 P.M. – 6:00 P.M AT GENERAL AMHERST HIGH SCHOOL
- **BELLE RIVER DISTRICT HIGH SCHOOL** – STARTING JUNE 6TH, 2017 FROM 3:00 P.M. – 6:00 P.M. AT BELLE RIVER DISTRICT SECONDARY SCHOOL
- **LEAMINGTON DISTRICT SECONDARY SCHOOL** – STARTING JUNE 7TH, 2017 FROM 3:00 P.M. – 6:00 P.M. AT LEAMINGTON DISTRICT SECONDARY SCHOOL
- **SOUTHWOOD, DAVID SUZUKI, WEST GATE, JOHN CAMPBELL, NORTHWOOD** – STARTING JUNE 5TH, 2017 FROM 8:00 A.M. – 3:30 P.M. AT 500 VICTORIA AVE., WINDSOR, ON

ALL REGISTRATION FORMS WILL BE TAKEN ON A FIRST COME/FIRST SERVE BASIS AND MUST BE ACCOMPANIED BY THE \$20.00 CASH REGISTRATION FEE, WITH A MAXIMUM OF 10 FORMS PER PERSON. NO FORMS WILL BE ACCEPTED PRIOR TO THE DATES LISTED ABOVE, AND FORMS AFTER THE DATES LISTED ABOVE MUST BE DROPPED OFF AT THE YMCA LOCATED AT 500 VICTORIA AVE., WINDSOR, ON.

AUTHORIZATION

Signature of Parent/Guardian:

Date Signed:

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

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