



APPLICATION FORM

YMCA SCHOOL YEAR DAY CAMP 2018-19

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:	Work Phone:	Cell Phone:
Email:		Email:	

CUSTODY OF CAMPER

Please Specify: Mother Only Father Only Both Other:

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)	Preferred contact number:
Name: (other than parent)	Preferred contact number:

CAMP PROGRAMS: Rovers (4-5 years old) Explorers (6-8 years old) Mavericks (9-12 years old)

Fee per day: \$30 Member/\$37 Non-Member; **Fee per week:** \$150 Member/\$185 Non-Member *Extended Care is complimentary for members

CAMP SELECTION

SESSION	DATES	BARCODE	CAMP PROGRAM	CAMP FEE	EXTENDED CARE (\$8 PD/\$40 MARCH)	TOTAL
PA Day 1	September 21, 2018	86691				
PA Day 2	November 16, 2018	86692				
PA Day 3	January 18, 2019	86698				
PA Day 4	February 15, 2019	86703				
PA Day 5	March 22, 2019	86704				
PA Day 6	April 22, 2019	86700				
PA Day 7	June 7, 2019	86701				
PA Day 8	June 28, 2019	86702				
Holiday Camp 1	December 27, 2018	86693				
Holiday Camp 2	December 28, 2018	86694				
Holiday Camp 3	January 2, 2019	86695				
Holiday Camp 4	January 3, 2019	86696				
Holiday Camp 5	January 4, 2019	86697				
March Break Camp	March 11-15, 2019	86699				
					YMCA Strong Kids Donation	
					TOTAL	



MEDICAL INFORMATION

Please describe any allergies, medication or medical needs your child's camp staff should know about.

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 519.419.1267 ext.4511 to ensure availability of 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

PHOTO CONSENT

I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook and Twitter; and promotional materials such as brochures by the YMCA of Western Ontario. By checking "Yes", I am granting my permission Yes No

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 \$15 non-refundable deposit for PD's and \$50 non-refundable deposit for March Break)

FINANCIAL ASSISTANCE:
• \$15 deposit per week of camp is required.
• Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS: YMCA Strong Kids (Must apply In Person)
 JUMP START P2P City of Windsor

METHOD OF PAYMENT: VISA MasterCard Debit Cash

Credit Card #: _____ Expiry Date: _____

Name of Card Holder: _____

Signature: _____

Note: NSF payments will be subject to a \$30 service charge.

CANCELLATION / WITHDRAWAL POLICY

All cancellation requests must be submitted by email directly to Terra Armstrong at tarmstrong@ymcawo.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received prior to 5 business days before start of the affected camp session will receive a refund less the non-refundable deposit. Any refund requests received less than 5 business 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. Refunds may take 3 to 4 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.

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 and Extended Care information
3. I agree with 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.