# Summer Day Camp 2025 Application Form



## East Lambton YMCA Branch Camp – Lambton YMCA

### Camper Information

| Camper N   | lame            | Birth Date (day/mont | h/year) Age at Camp | Primary Phone # |  |  |
|--|-----------------|----------------------|---------------------|-----------------|--|--|
| Address  |                 | City                 |                     | Postal Code     |  |  |
| Swim Lev   | el              |                      |                     |                 |  |  |
| Nor  | n-Swimmer Begir | ner Avera            | age                 | Above Average   |  |  |
| Does your child require one to one support?  |                 |                      | Camper Mate Request |                 |  |  |
| Yes  | No              |                      |                     |                 |  |  |
| NOTE: Registration for 1:1 support is only available by contacting daycamp@swo.ymca.ca before registering. |                 |                      |                     |                 |  |  |

#### 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:

| Camp Sele           | ction       |  | Member Fees:<br>Non-Member Fees: |             | 3-day<br>\$105<br>\$120 | 4-day<br>\$140<br>\$160 | 5-day<br>\$175<br>\$200 | Extended Care<br>FREE<br>\$8/day |
|---------------------|-------------|--|----------------------------------|-------------|-------------------------|-------------------------|-------------------------|----------------------------------|
| We                  | eek         | Start Date   | End Da                           | ate         | Days                    | Extende                 | d Care                  | Total                            |
| 1                   | Week 1      | July 2, 2025   | July                             | 4, 2025     | 3                       |                         |                         |                                  |
| ١                   | Week 2      | July 7, 2025   | July 1                           | 1, 2025     | 5                       |                         |                         |                                  |
| ١                   | Week 3      | July 14, 2025  | July 1                           | 8, 2025     | 5                       |                         |                         |                                  |
| ١                   | Week 4      | July 21, 2025  | July 2                           | 5, 2025     | 5                       |                         |                         |                                  |
| ١                   | Week 5      | July 28, 2025  | August                           | 1, 2025     | 5                       |                         |                         |                                  |
| N                   | Week 6      | August 5, 2025   | August                           | 8, 2025     | 4                       |                         |                         |                                  |
|                     | Week 7      | August 11, 2025  | August 1                         | 5, 2025     | 5                       |                         |                         |                                  |
| ١                   | Week 8      | August 18, 2025  | August 2                         | 2, 2025     | 5                       |                         |                         |                                  |
| ١                   | Week 9      | August 25, 2025  | August 2                         | 9, 2025     | 5                       |                         |                         |                                  |
| Are you a YMO       | CA Memb     | per? Payment Opti  | ons:                             | YMCA        | Subsidy D               | onation:                | Total:                  |                                  |
| Yes                 | No          | In Full  | Extended                         |             |                         |                         |                         |                                  |
| Payment Method VISA |             | MasterCard   |                                  | Debit       | Ca                      | ash                     |                         |                                  |
| ind during camp.    | Extended Pa | er rate, camper must be a YM<br>ayment (\$50.00 non-refunda<br>ments. NSF payments will be | ble deposit due at               | time of reg | stration) must          |                         |                         |                                  |

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.ymcaswo.ca/programs/camps/summer-day-camp. Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.

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| Guardian 1 / Primary Co                  |                  | 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:                                  |  |
| Emergency Contacts (ot                   | her than paren   | t/guardian)                    |                      |              |   |  |
| Name                                     | Preferred C      | ontact #                       | Name                 |              | Preferred Contact #                     |  |
| Who is authorized to pic                 | k up?            | Guardians                      | Emergency Cor        | ntacts       | Other:                                  |  |
| Financial Assistance Opt                 | ions (if applica | able)                          |                      |              |   |  |
| Subsidy Options:                         |                  |                                | Case Worker Name:    |              | Contact #                               |  |
| YMCA Subsidy Municipal Childcare Subsidy |                  |                                |                      |              |   |  |
|  |                  |                                | Please allow 2-3 wee | ks for proce | essing of application and calculations. |  |

### Cancellation / Withdrawal Policy

All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation 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 \$50.00 per week. Any 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 cancellations due to medical reasons and refunds will be assessed on a case-by-case basis. 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. 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 Extended Care information
- 2. I agree with our YMCA Day Camp Child Guidance Policy 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 have explained 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** 

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.

