Summer Day Camp 2025

Application Form



Strathrov-Caradoc Branch Camp - Middlesex YMCA

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Camper Infor	mation			
Camper Name		Birth Date (day/month/year)	Age at Camp Primary Phone #	
Address		City	Postal Code	
Swim Level				
Non-Swim	mer Beginner	Average	Above Average	
Does your child i	require one to one suppor	t? Camper Mate	Request	
Does your child r	require one to one suppor	t? Camper Mate	Request	
Yes	No	ct? Camper Mate	•	
Yes	No E: Registration for 1:1 support		•	
Yes NOT Medical Inform	No E: Registration for 1:1 support mation		np@swo.ymca.ca before registering.	

Camp Selection			Member Fees: Non-Member Fees:		4-day \$148 \$172	5-day \$185 \$215	Extended CareFREE\$5/day
	Week	Start Date	End Date	Days	Extended	d Care	Total
	Week 1	July 2, 2025	July 4, 2025	3			
	Week 2	July 7, 2025	July 11, 2025	5			
	Week 3	July 14, 2025	July 18, 2025	5			
	Week 4	July 21, 2025	July 25, 2025	5			
	Week 5	July 28, 2025	August 1, 2025	5			
	Week 6	August 5, 2025	August 8, 2025	4			
	Week 7	August 11, 2025	August 15, 2025	5			
	Week 8	August 18, 2025	August 22, 2025	5			
	Week 9	August 25, 2025	August 29, 2025	5			

Are you a YMCA Member?		Payment Options:		YMCA Subsidy Donation:	Total:
Yes	No	In Full	Extended		
Payment Me	thod	VISA	MasterC	ard Debit	Cash

In order to receive the member rate, camper must be a YMCA of Southwestern Ontario member at the time of registration and during camp. Extended Payment (\$50.00 non-refundable deposit due at time of registration) must include a Credit Card or Void Cheque for future payments. NSF payments will be subject to a \$30 service charge.



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Guardian 1 / Primary Contact			Guardian 2 / Secondary Contact				
Primary Phone #		Name		Primary Phone #			
Secondary Phone #		Email		Secondary Phone #			
Custody of Camper Both Guar			Joint	Other:			
her than pare	nt/guardian)						
Name Preferred Contact #		Name		Preferred Contact #			
Who is authorized to pick up? Guardians			itacts	Other:			
Financial Assistance Options (if applicable)							
Subsidy Options:				Contact #			
YMCA Subsidy Municipal Childcare Subsidy							
Please allow 2-3 weeks for processing of application and calculation							
al 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							
	Both her than pare Preferred (k up? ions (if applications) dunicipal Childer al Policy nitted by email directs and last name. Condable deposit of \$100 mills and program where a refund or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct, Washr special consideration or transfer a refundance Polico of Conduct o	Primary Phone # Secondary Phone # Both Guardian 1 her than parent/guardian) Preferred Contact # k up? Guardians ions (if applicable) Municipal Childcare Subsidy al Policy nitted by email directly to the Camping st and last name. Cancellation requests adable deposit of \$50.00 per week. Any in will not qualify for a refund. A doctor's and smay take 2 to 3 weeks to process. any program where registration number are fund or transfer to another site will be a ref	Primary Phone # Secondary Phone # Both Guardian 1 Guardian 2 ther than parent/guardian) Preferred Contact # Name k up? Guardians Emergency Conditions (if applicable) Case Worker Na Municipal Childcare Subsidy Please allow 2-3 wee al Policy Initiated by email directly to the Camping Branch Office at daycand st and last name. Cancellation requests received prior to two when the composition of \$50.00 per week. Any withdraw requests received in will not qualify for a refund. A doctor's note is required for cannots may take 2 to 3 weeks to process. In any program where registration numbers are not adequate to reare fund or transfer to another site will be discussed at that time any programming operated by the YMCA, I the undersigned, it is objected in the condition of the	Primary Phone # Email Both Guardian 1 Guardian 2 Joint her than parent/guardian) Preferred Contact # Name k up? Guardians Emergency Contacts ions (if applicable) Case Worker Name: Aunicipal Childcare Subsidy Please allow 2-3 weeks for proces al Policy nitted by email directly to the Camping Branch Office at daycamp@swo.ymca. st and last name. Cancellation requests received prior to two weeks (14 days) dable deposit of \$50.00 per week. Any withdraw requests received less than to will not qualify for a refund. A doctor's note is required for cancellations due unds may take 2 to 3 weeks to process. any program where registration numbers are not adequate to run an effective a refund or transfer to another site will be discussed at that time. amp" programming operated by the YMCA, I the undersigned, in the event of a occedures, including admission to the hospital and necessary treatment herein to be taken only when immediate contact with the undersigned or other indic Care information hill Guidance Policy and will discuss it with my child of Conduct, Washroom Policy, Sunscreen Policy and all other policies and inforest pecial considerations for my child (ie. language barrier, special needs, special needs, special			

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.

