## Summer Day Camp 2025

# **Application Form**



# Chatham-Kent Camp – Chatham YMCA

Camper Information						
Camper Name	Birth Date (day	r/month/year)	Age at Camp	Primary Phone #		
Address		City		Postal Code		
Swim Level						
Non-Swimmer	Beginner	Average		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:						

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

Are you a YMCA Member?

Camp Selection	Member Fees: Non-Member Fees:	3-day \$102 \$117	4-day \$136 \$156	5-day \$170 \$195	Specialty Camp \$190 \$210	Extended Care FREE \$8/day
Week	Start Date	End Date	Days	Extend	ded 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			

YMCA Subsidy Donation:

Total:

Yes No	In Full	Extended		
Payment Method	VISA	MasterCard	Debit	Cash

Payment Options:

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				
Name	Primary Phone #		Name		Primary Phone #		
Email	Secondary Phone #		Email		Secondary Phone #		
Custody of Camper	Both	Guardian 1	Guardian 2	Joint	Other:		
Emergency Contacts (other than parent/guardian)							
Name	Preferred (	Contact #	Name		Preferred Contact #		
Who is authorized to pick up? Guardians		Emergency Cor	itacts	Other:			
Financial Assistance Options (if applicable)							
Subsidy Options:			Case Worker Name: Contact #				
YMCA Subsidy N	Municipal Childo	care Subsidy					
			Please allow 2-3 wee	ks for proce	ssing 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.							

3. Lagree with Parent/Guardian Code of Conduct, Washroom Policy, Sunscreen Policy and all other policies and information referenced in our Day Camp

**Date Signed** 

Signature of Parent/Guardian

5. I authorize my child to participate in all programs

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.

2. I agree with our YMCA Day Camp Child Guidance Policy and will discuss it with my child

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.

4. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)

