

# Summer Day Camp 2025

# Application Form



## Autism Camp

### Camper Information

Camper Name Birth Date (day/month/year) Age at Camp Primary Phone #

Address City Postal Code

### Swim Level

Non-Swimmer	Beginner	Average	Above Average
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Does your child require one to one support? Camper Mate Request

Yes	No
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NOTE: Registration for 1:1 support is only available by contacting [daycamp@swo.ymca.ca](mailto: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 Selection				3-day	4-day	5-day
		Member Fees:		\$207	\$276	\$345
		Non-Member Fees:		\$207	\$276	\$345
Week	Start Date	End Date	Days	Extended 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			

Are you a YMCA Member? Payment Options: YMCA Subsidy Donation: Total:

Yes	No
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In Full	Extended
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Payment Method	VISA	MasterCard	Debit	Cash
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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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## Autism Camp

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:
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Emergency Contacts (other than parent/guardian)			
Name	Preferred Contact #	Name	Preferred Contact #

Who is authorized to pick up?	Guardians	Emergency Contacts	Other:
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Financial Assistance Options (if applicable)		
Subsidy Options:	Case Worker Name:	Contact #
<input type="checkbox"/> YMCA Subsidy <input type="checkbox"/> Municipal Childcare Subsidy		

Please allow 2-3 weeks for processing 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](mailto: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.