## Summer Day Camp 2025

# **Application Form**



### London YMCA

Camper Information					
Camper Name	Birth Date (day/month/year)	Age at Camp Primary Phone #			
Address	City	Postal Code			
Swim Level					
Non-Swimmer Beg	ginner Average	Above Average			
Does your child require one to one s	upport? Camper Mate	Camper Mate Request			
Yes No					
NOTE: Registration for 1:1 support is only available by contacting daycamp@swo.ymca.ca before registering.					
TTO TE: Registration for 1:15	ipport is only available by contacting dayca	inpestrolymedica before registering.			
Medical Information	pport is only available by contacting dayca	npesito.jinea.ea setere registering.			

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

Camp	Selection		nber Fees: -Member Fees:	3-day \$135 \$162	4-day \$180 \$216	5-day \$225 \$270	Extended CareFREE\$8/day
	Week	Date	Location	Days	Extended	d Care	Total
	Week 1	July 2 – 4		3			
	Week 2	July 7 – 11		5			
	Week 3	July 14 – 18		5			
	Week 4	July 21 – 25		5			
	Week 5	July 28 – August 1		5			
	Week 6	August 5 – 8		4			
	Week 7	August 11 – 15		5			
	Week 8	August 18 – 22		5			
	Week 9	August 25 – 29		5			

Are you a YMCA Member?		Payment Opt	ions:	YMCA Subsidy Donation:	Total:
Yes	No	In Full	Extended		
Payment Me	ethod	VISA	Master Ca	ard Dehit	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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### Centre Branch Camp - London YMCA

Guardian 1 / Primary Contact			Guardian 2 / Secondary Contact			
Name	Primary Phone #		Name		Primary Phone #	
Email	Secondary F	Phone #	Email		Secondary Phone #	
Custody of Camper	Both	Guardian 1	Guardian 2	Joint	Other:	
Emergency Contacts (other	er than paren	t/guardian)				
Name	Preferred Contact #		Name		Preferred Contact #	
Who is authorized to pick up? Guardians			Emergency Con	tacts	Other:	
Financial Assistance Optic	ons (if applica	ıble)				
Subsidy Options:		Case Worker Name: Contact #		Contact #		
YMCA Subsidy Mu	nicipal Childca	are Subsidy				
			Please allow 2-3 wee	ks for proces	sing of application and calculations.	
Cancellation / Withdrawal	Policy					
All cancellation requests must be submit Request" followed by your camper's first	and last name. Ca	ncellation request	s received prior to two w	eeks (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. Lagree with Parent/Guardian Code of Conduct, Washroom Policy, Sunscreen Policy and all other policies and information referenced in our Day Camp
- 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.

