



# 2023 Summer Camp Registration Form

## Camper Information

First Name	Last Name	
Birthdate (Y/M/D)	Age	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> __
Address		
City	Postal Code	
Phone Number		
Email Address		

## Parent/Guardian 1

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Address		

## Parent/Guardian 2

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Address		

## Custody

Both
  Mother
  Father
  Guardian

## Emergency Contacts

Provide two authorized people to pick up your child and/or be contacted in an emergency.

### Emergency Contact 1

First Name	Last Name	
Primary Phone	Alternate Phone	

### Emergency Contact 2

First Name	Last Name	
Primary Phone	Alternate Phone	

## Health and Medical Information

Allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
EPI Pen	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Has/is your child:

Been diagnosed with any medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please specify:</i>		

Currently taking medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please specify:</i>		

## Program Support

Has your child been diagnosed with Special or behavioural needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>If yes, please specify:</i>		

Does your child access one to one support at school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Please list any additional information we should be aware of:

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*If you have answered yes to any of these questions, please contact Rosie Lydon regarding additional support at camp at [rosiely@oakville.ymca.ca](mailto:rosiely@oakville.ymca.ca)*

<b>OFFICE USE ONLY</b>	<b>TRX:</b>	<b>MSR:</b>
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Week	Dates	Location	Program	Bus Stop	Camp Care Location	AM/PM/Both	Total Fees
1	July 3-7						
2	July 10-14						
3	July 17-21						
4	July 24-28						
5	July 31 - Aug 4						
6	August 8-11*						
7	Aug 14-18						
8	Aug 21-25						
9	Aug 28 - Sept 1						

\* Short week

**TOTAL**

### Policies

#### NSF Payments/Declined Credit Card

A \$19.99 service charge will be applied to all NSF pre-authorized debits and declined credit cards. Failure to make full payment of camp fees one week prior to the start of the program will automatically result in withdrawal. Please refer to the fee schedule.

#### Regionally Subsidized Clients

To register for summer day camp, please provide us with written verification from Halton Region.

For more information on Child Care Subsidy, please contact the Region of Halton at 905-825-6000.

### Office Use Only

- Regional Subsidy
- CSF 30 provided,  daily rate
- YMCA Financial Assistance
- NOA provided
- Assistance approved, % discount \_\_\_\_\_

#### Staff Dependents

- FT Staff
- PT Staff (20+hrs)



Parent/Guardian Signature

Date