

Personal Data for _____
(Child's first and last name)

Family

In the last year, have there been any significant changes in family relationships or home life?

- birth marriage death divorce
- separation other _____

Does child reside with mother father both
 other _____

Is there anything we should be aware of concerning school- i.e. relationships, grades, learning ability, eating habits?

Does the camper have personal challenges which may require special assistance or program adaptations?

- physical learning emotional behaviour
- medical Other _____

Please expand on any of the above areas or other areas. The more information you are able to provide, the better we are able to meet the needs of campers. If your child has special needs and requires 1:1 support. Please contact "Point in Time", our inclusion partner at (705) 457-5345.

What are the things that the camper is most looking forward to?

Cancellation & Refund Policy / Recourse Statement

- Day Camp – two week prior to your camp, a total refund will be issued less a \$20.00 administration fee.
- After this time, refunds will be given for medical reasons only (with medical certification).
- Refunds are not granted if parent/guardian withdraws camper from the session early, or if camper is sent home for misconduct.
- Any payment that is returned as NSF will be re-processed by the YMCA within 10 business days. A \$35 service charge will be applied to all returned payments.
- We reserve all rights to charge any outstanding balance to your credit card on file unless other methods of payments are provided.

To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



A branch of the YMCA of Hamilton/Burlington

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Summer Day Camp – Day Camp Registration Form 2010

Before your camper can be registered, the Wanakita office must receive all 4 pages of the form and a deposit. Please use one form per camper. We recommend you register early to ensure the time slot of your choice. However, we welcome registrations right up until the camp week begins.

Day Camp – ages 5-13 • \$160 (No GST/PST)

Lunch Plan (see Form F)

Please Check (✓) Appropriate Section and Session

- | | |
|--|--|
| <input type="checkbox"/> Week 1 July 5 – 9 | <input type="checkbox"/> Week 5 Aug. 2 - 6 |
| <input type="checkbox"/> Week 2 July 12 - 16 | <input type="checkbox"/> Week 6 Aug. 9 - 13 |
| <input type="checkbox"/> Week 3 July 19 – 23 | <input type="checkbox"/> Week 7 Aug. 16 - 20 |
| <input type="checkbox"/> Week 4 July 26 -30 | <input type="checkbox"/> Week 8 Aug. 23 - 27 |

Financial Assistance

I am applying, please send financial assistance forms. Those applying for assistance must sign and complete this registration form before receiving assistance forms.

Please Print Clearly – Please Note that Confirmations of Registration and the majority of correspondence throughout the year is through email. Please be sure to use an address that you check often. Please be sure to disable any filters that you may have in place which would prevent our messages from reaching your family. Thank you.

Name: _____ Age at camp time: _____

Birth Date: ____/____/____ (day / month / year) Sex: M F

Best method of contact with family: Home Dad work Mom work Home email

Grade completed as of June, 2010: _____ School last attended: _____ Year: _____

Address (home): _____ City: _____ Province: _____ Postal Code: _____

Home phone: () _____ E-mail address: _____

First Parent's Name: _____ Second Parent's Name: _____ Cell Phone: () _____

First Parents' Place of Employment: _____ Work Phone: () _____

Second Parent's Place of Employment: _____ Work Phone: () _____

Emergency Contact: (in case parents cannot be reached) _____ Phone: () _____

Custody (if other than both parents): _____ Request for friends in your day camp group: _____

Local/Cottage Phone: () _____

Health Card # (include all #s & letters):

Those requesting to be together will be placed in the group of the younger participant. Groupings of 3 to 6 friends may need to be split into 2 groups. Note: To register for a program, you must be the minimum age indicated or be turning that age by December 31, 2009.

