



## Payment Calculations

A signed registration form and minimum deposit must be received in order to register.

### Resident Camp Fees

\$ \_\_\_\_\_

Family Discount (\$20 off each additional registered child) \_\_\_\_\_ \$

Sibling's Name(s) \_\_\_\_\_

**Camp Fees (less discount) BOX A** \$ \_\_\_\_\_

### Transportation

(Indicate method of Transport and cost if applicable. All transportation arrangements must be confirmed one month prior to the start date of camp)

**BUS SERVICE:** One Way \$59.40, Round Trip \$118.80

#### To Camp

By Own Vehicle NA

From Hamilton – Mohawk College \$ \_\_\_\_\_

From Burlington – Appleby Go Station \$ \_\_\_\_\_

From Toronto ~ Hwy 400 North Service Station \$ \_\_\_\_\_

From Bus Service From Airport \$ \_\_\_\_\_

#### From Camp

By Own Vehicle NA

To Hamilton – Mohawk College \$ \_\_\_\_\_

To Burlington – Appleby Go Station \$ \_\_\_\_\_

To Toronto – Hwy 400 South Service Station \$ \_\_\_\_\_

Bus Service To Airport \$ \_\_\_\_\_

If you are flying and transportation is required to and from Pearson Intl. Airport please be sure to contact the Main office of your campers Airline, Flight # and Terminal #.

**Total Transportation BOX B** \$ \_\_\_\_\_

### Extra Camper Options

#### LAUNDRY SERVICE

(recommended: 1x for 2 weeks, 2x for 4 weeks)

\$16.20 per bag per wash

**Total Laundry Service BOX C** \$ \_\_\_\_\_

#### TUCK SHOP - Resident Campers only

Recommended amounts: one week - \$25;

two weeks - \$40; S.C.'s includes all program needs- \$100

**Total Tuck Shop BOX D** \$ \_\_\_\_\_

#### PADDLE BLANK – Only for Campers choosing

the Paddle Making PCA. Cost is \$30.00

**BOX E** \$ \_\_\_\_\_

**YMCA Strong Kids Campaign** \$ \_\_\_\_\_

I would like to give a Wanakita Camp experience to another child.

\$50  \$100  \$150  \$250  Other \$ \_\_\_\_\_

**Wanakita Building Fund** \$ \_\_\_\_\_

I would like to give to improve Wanakita Facilities and Equipment.

\$150  \$300  \$500  Other \$ \_\_\_\_\_

## Payment Methods

### FULL PAYMENT

Cheque # \_\_\_\_\_

Credit Card. Accepted Cards:  Visa  MasterCard

Card# | | | | | | | | | | | | | | | | | | | | Ex: | |

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

### POST-DATED PAYMENTS – Deposit Required

One Week \$100; Two Weeks \$200; S.C.\$300

Please note that all postdated payments must be completed by April 30th. If registering within the month prior to your camp start date, payment must be made in full.

### CHEQUE

Please date your cheques for either the 15th or the last day of the month or both for each month. Please make your cheques payable to: **YMCA Camp Wanakita.**

Please list the cheque numbers enclosed with your registration:

Payment 1 Cheque # \_\_\_\_\_ Payment 2 Cheque # \_\_\_\_\_

Payment 3 Cheque # \_\_\_\_\_ Payment 4 Cheque # \_\_\_\_\_

Payment 5 Cheque # \_\_\_\_\_ Payment 6 Cheque # \_\_\_\_\_

Payment 7 Cheque # \_\_\_\_\_ Payment 8 Cheque # \_\_\_\_\_

### CREDIT CARD

A note about Payments taken from Credit Cards or through Pre-Authorized Debits (PAD). Your campers total camp fee will be divided by the number of months left until April 30th. This amount will be debited on either the 15th or 30th of each month. Payments made by credit card will appear on your statement as a charge from the Hamilton/Burlington/Brantford YMCA.

Date of Payment Each Month:  15th  end of month

Accepted Cards:  Visa  MasterCard

Card# | | | | | | | | | | | | | | | | | | | | Ex: | |

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

### PERSONAL PRE-AUTHORIZED DEBIT (PAD)

Please enclose a voided cheque with your registration and select the date on which you wish the payment to be debited from your account.

Date of Payment Each Month:  15th \$ \_\_\_\_\_  end of month \$ \_\_\_\_\_

for \_\_\_\_\_ (#) withdrawal payments.

### THIRD PARTY PAYMENTS

If a party outside of your immediate family is paying for any portion of your campers camp fee, and they would like to receive the Income Tax credit for this payment, we require their name and address for our records. Please list the details in the space provided below. If the third party does not require a tax receipt it is not necessary to list their details.

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

In registering and permitting my child to attend YMCA Wanakita, I the undersigned parent, guardian or other duly authorized party have read and hearby agree to all registration notes and conditions of Enrollment (pg. 13 in the year round guide or on Wanakita web site), including payment, cancellation, refund, behaviour, participation, accident, photo/video and health policies.

Parent/Guardian Signature: x \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Health Form For Campers/S.C's

We want this summer's Wanakita experience to be the best it can be! Please help us by answering the following questions carefully.

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Family Physician Phone #: \_\_\_\_\_

**IMMUNIZATIONS** – Has the Camper/SC been immunized against diphtheria, mumps, polio, red measles, rubella, and tetanus in accordance with the recommended immunization schedule in Ontario?

Yes  No

If no, state reasons below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES** – Please list all allergies and reactions. (i.e. peanuts – anaphylaxis, penicillin – hives, mosquito bites – swelling etc)

Allergy	Reaction

**MEDICATIONS** – Please list all medications (prescription and over the counter) and when to administer that the camper/SC will bring to camp. (e.g. epi pen - if stung by bee, benedryl - if bitten by mosquitoes, Ritalin - with breakfast and lunch, inhaler - as needed)

Medication	When to be administered

If you are sending/bringing medication (prescription or over the counter), please label it with the camper/SC's name and in original container.

**HEALTH INFORMATION** – Please list any medical condition the camper/SC has and give approximate dates. (i.e. asthma – ongoing, depression – 1999 to 2003, hemophilia – since birth, ADHD – diagnosed in grade 3 etc.)

Condition	Date of Onset

## Dietary Information

Please list any dietary restrictions (i.e. peanut allergy, lactose intolerant, vegan, vegetarian - eats fish etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Special Needs

State any physical or behavioural challenges that may be useful to the Health Service Staff or the counselling staff:

\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, this person is in good health and has not been exposed to any infectious diseases. If he/she became exposed to any infectious diseases between the time of registration and the time of departure for Wanakita, I understand the Wanakita Health Staff must be notified in writing before arrival on site.

Parent/Guardian and/or Physician's Signature: \_\_\_\_\_

x \_\_\_\_\_ Date: \_\_\_\_\_