

2020 CHANGE OF STATUS FORM

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____
Date Processed: _____ Initial: _____

Any refunds requested after May 15, 2020 will be subject to a \$35 administration fee for each registration. No refunds or cancellations will be accepted if less than 5 business days are given.

Camper's First Name: _____ Camper's Last Name: _____ Phone Number: _____

Contact Name Requesting Changes (please print): _____ Signature: _____

PLEASE INDICATE BELOW THE REGISTRATION CHANGES BEING MADE (only fill in the portions of the form that are changing and need to be updated)

PERSONAL INFORMATION

Child's Address: _____ City: _____ Postal Code: _____ Phone Number: _____

Contact Name: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____ Day Time Phone Number: _____

EMERGENCY CONTACTS (must be 16 years of age or older) adding this contact removing this contact

Emergency Contact Name: _____ Cell Phone Number: _____

Address: _____ City: _____ Postal Code: _____ Day Time Phone Number: _____

AUTHORIZED PICK UP (must be 16 years of age or older) adding this contact removing this contact

1) _____ 2) _____ 3) _____

ALLERGIES/MEDICAL INFORMATION

* If camper requires medication at camp, an "administration of medication form" will also need to be signed – please review the medication policy on page 16 of the brochure.

** If camper now requires an epi-pen, an epi-pen information form (found at YMCAHBBdaycamps.ca) must be attached.

Please indicate below the new allergy or medical information:

GROUPING CAMPER WITH A FRIEND (camper must be attending the same week and be similar in age)

Other Camper's Name: _____ For which week? _____

BUS ROUTE (the same bus must be taken to and from camp)

Bus route name: _____ Bus stop: _____ For which weeks? _____

CANCELLING A WEEK OF CAMP (please specify below weeks you would like to cancel)

Week	Date	Camp Name	Camp Location	Extended Care Site
1	June 29-July 3*			
2	July 6-10			
3	July 13-17			
4	July 20-24			
5	July 27-31			
6	Aug 4-7*			
7	Aug 10-14			
8	Aug 17-21			
9	Aug 24-28			
10	Aug 31-Sept 4			

ADDING A WEEK OF CAMP (based on availability) * short week due to Civic Holiday

Week	Date	Camp Name	Camp Location	Extended Care Site
1	June 29-July 3*			
2	July 6-10			
3	July 13-17			
4	July 20-24			
5	July 27-31			
6	Aug 4-7*			
7	Aug 10-14			
8	Aug 17-21			
9	Aug 24-28			
10	Aug 31-Sept 4			

CHANGING PAYMENT METHOD, OR PROVIDING PAYMENT FOR ADDITIONAL WEEKS OF CAMP (new weekly registrations will only be processed with payment attached)

Please describe below what you are changing, and fill in any relevant information:

When would you like to be charged for camp? At time of registration Payment schedule located on page 17 of the brochure

Total amount to be charged: \$ _____

Payment Type: Cash Visa Mastercard

Payment is required for all days registered including sick days and vacation. Any payments that is returned as NSF will be re-produced by the YMCA within 10 business days. A \$10 service charge will be applied to all returned payments.

Name on Account/Card: _____ Signature of Account/Cardholder: _____

Credit Card/Account Number: _____ Expiry Date: _____

Billing Address: _____

Credit card payment options:

- Full at time of registration
- Full post dated to either May 15th or June 15th
- Post-dated and split between May 15th and June 15th