

2022 CHANGE OF STATUS FORM

FOR OFFICE USE ONLY

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

Any refunds requested after May 16th, 2022 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 child requires an inhaler/medication at camp, an Administration of Medication Form will need to be completed, which can be found at YMCAHBBDayCamps.ca.

**If child requires an epi-pen, an Administration of Medication Form and an Anaphylaxis Plan Form will need to be completed, which can be found at YMCAHBBDayCamps.ca.

Please indicate below the new allergy or medical information:

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

Bus 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	July 4-8			
2	July 11-15			
3	July 18-22			
4	July 25-29			
5	Aug 2-5*			
6	Aug 8-12			
7	Aug 15-19			
8	Aug 22-26			
9	Aug 29-Sept 2			

ADDING A WEEK OF CAMP (based on availability)

* short week due to Civic Holiday

Week	Date	Camp Name	Camp Location	Extended Care Site
1	July 4-8			
2	July 11-15			
3	July 18-22			
4	July 25-29			
5	Aug 2-5*			
6	Aug 8-12			
7	Aug 15-19			
8	Aug 22-26			
9	Aug 29-Sept 2			

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? Post-dated to May 15th Post-dated to June 15th Post-dated and split between May 15th and June 15th

Total amount to be charged: \$ _____

Payment Type: EFT 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.

TO COMPLETE YOUR PAYMENT PLEASE CALL THE DAY CAMP OFFICE AT 905-317-4929