



**YMCA of
Hamilton/Burlington/Brantford**

2023 Day Camps

Any refunds requested after May 14th, 2022 will be subject to a \$35 Administration Fee/family.
No refunds or cancellations will be accepted if less than 5 business days are given.
After 1 change, any subsequent change requests will be subject to a \$25 Change Fee/child.

2023 CHANGE OF STATUS FORM

FOR OFFICE USE ONLY

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

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 4-7*			
2	July 10-14			
3	July 17-21			
4	July 24-28			
5	July 31-Aug 4			
6	Aug 8-11*			
7	Aug 14-18			
8	Aug 21-25			

☐ **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 4-7*			
2	July 10-14			
3	July 17-21			
4	July 24-28			
5	July 31-Aug 4			
6	Aug 8-11*			
7	Aug 14-18			
8	Aug 21-25			

☐ **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

Payment Type: ☐ EFT ☐ Visa ☐ Mastercard

Total amount to be charged: \$ _____

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