



COMMUNITY DAY CAMP POINTE-SAINT-CHARLES YMCA 2022 APPLICATION

Once the form is completed, please email it to michelle.johnson@ymcaquebec.org

CHILD

First name _____
Last name _____

Birthdate ____/____/____
 yyyy mm dd Gender identity M F X

**If you camper is transgender or gender-nonconforming,
please contact us at 514-935-4711 ext. 243, so that we can ensure
to offer them the best camp experience possible.**

PRIMARY CONTACT

First name _____
Last name _____

Birthdate ____/____/____ Gender identity M F X
 yyyy mm dd

Address _____

City _____

Country _____

Province _____ Postal code _____

Language French English

Phone #1 _____

Phone #2 _____

Email _____

I consent to receiving electronic communications from The YMCAs of Québec regarding their services and events. I understand that I can withdraw this consent at any time by contacting the sender or any customer service agent, or by clicking on the unsubscribe link contained in each message.

SECONDARY CONTACT

First name _____

Last name _____

Birthdate ____/____/____ Gender identity M F X
 yyyy mm dd

Address _____

City _____

Country _____

Province _____ Postal code _____

Language French English

Phone #1 _____

Phone #2 _____

Email _____

I consent to receiving electronic communications from The YMCAs of Québec regarding their services and events. I understand that I can withdraw this consent at any time by contacting the sender or any customer service agent, or by clicking on the unsubscribe link contained in each message.

Are you applying for Financial Assistance? Yes No

Who has custody of the camper? Both contacts Main contact Secondary contact

Please provide the first and last name of a local emergency contact other than the account contacts, who is easily reachable while the camper is at camp. (We require a total of four adult contacts for each camper.)

EMERGENCY CONTACT #1

First name _____ Last name _____

What is their relationship to the camper? _____

Home _____ Work _____ Cell _____

This person can pick up your camper at camp:

Always Morning Afternoon Only with specific authorization from primary contact Never

EMERGENCY CONTACT #2

First name _____ Last name _____

What is their relationship to the camper? _____

 Home _____  Work _____  Cell _____

This person can pick up your camper at camp:

Always Morning Afternoon Only with specific authorization from primary contact Never

GENERAL INFORMATION

Are you a Quebec resident? Yes No

Would you like to receive the RL-24 slip for tax purposes?

Yes No

Please provide the Social Insurance Number of the person who will be filing the RL-24 slip for tax purposes.

Does this SIN belong to the primary account holder, or secondary account member?

Primary Secondary

How did you hear about our day camp?

Is this your camper's first day camp experience? Yes No

In addition to the weekly newsletter that will be emailed to you, would you like the counsellor for your camper's group to call you before camp starts? Yes No

Race/Ethnicity demographics: Please share only if you feel comfortable. The answers to these questions will be used to better assess which community members we are serving to help us advance our diversity and inclusion initiatives. Please check all that apply to your camper.

- White (European descent)
- Black (African or Caribbean descent)
- Latinx or Hispanic
- Asian (Far East, Southeast Asian, or Indian subcontinent)
- Pacific Islander
- First Nations/Métis/Inuit
- Bi-racial (Mixed race)
- Other

Other demographics: Please share only if you feel comfortable. If your camper or family is part of a minority or marginalized population that does not fall into the categories above, please feel free to specify here (e.g. LGBTQ+, race/ethnicity not listed, religious minority, diverse abilities, etc.)

Does your camper have permission to leave camp on their own at the end of the day?

- Yes No
- Yes with their sibling who is also a camper

What is the last school grade that your camper has completed?

What is your camper's first language?

French English Other _____

If your camper's first language is not English, please rate their ability to speak and understand English.
(0 = None; 5 = Completely fluent)

0 1 2 3 4 5

In which language do you prefer to receive communications from camp? French English

Is the camper an independent swimmer? Yes No

What is the camper's swimming level?
(YMCA swim level or other experience)

GENERAL INFORMATION

Does your camper have behavioural needs?

Yes No

Does your camper have diverse needs or different abilities?

Yes No

Does your camper require the support of a companion to get the most out of camp? (If yes, please contact us prior to completing your camper's registration.) Yes No

Help us make camp a more welcoming experience for your camper by telling us about their interests, and, if necessary, any concerns they have about day camp:

Please list any and all particular circumstances that we should be aware of:

When your camper engages in repetitive or difficult behaviours, or when a barrier to participation is present, what is the best way to support them in the moment and create a more accessible environment moving forward?

If applicable, please specify possible behaviours, triggers, and supportive actions or adaptations.

In addition to the counsellor's call before the start of the session, do you wish to get in contact via email/ phone with the camp site leader (coordinators) before the summer to discuss any specifics related to the wellbeing of your camper at camp?

Yes Not necessary

I authorize YMCA Camps to take photos or videos of my camper and use them for promotional purposes (social media, website, brochures, etc.) Please note that, for printed material, the YMCA will contact you to obtain additional authorization before it goes to print.

I authorize
 I do not authorize

MEDICAL INFORMATION

Please select your health insurance plan: (Québec residents must provide a medicare number and, if attending Kanawana, bring their medicare cards to camp. Non Québec residents must provide medical insurance information as well as a credit card number to pay medical fees if required during their stay at camp.)

- Provincial health insurance (QC)
 Provincial health insurance (non-QC)
 Private medical insurance

Quebec residents: Please provide your camper's medicare number.

Quebec residents: Provide the expiry date on their medicare card.

Please list any medical conditions that we should be aware of.

All information provided will be kept confidential. Information about your camper's health will only be disclosed to their counsellor and the counsellor's immediate supervisor to better support your camper and to ensure that any emergency is handled effectively.

Has your camper ever had a surgical operation? Yes No

If yes, please provide the date(s) and type:

____/____/____

yyyy / mm / dd

Has your camper had any serious injuries that might limit their participation in camp? Please indicate date and description:

Does your camper wear any prosthetic devices (hearing, vision, mobility, etc.)? Yes No

If yes, please describe their use and whether your camper needs help in taking care of them:

Are there any activities that your camper should be restricted from? Yes No

If yes, please explain:

MEDICAL INFORMATION

Does your camper have any chronic or recurring conditions?

Please describe:

Has your camper ever had any of the following conditions?

- Ear infections Mumps Chicken pox Measles
- Scarlet fever COVID-19 Other (specify) None of these

Please specify if you selected "other":

Does your camper have asthma? Yes No

If yes, please provide more information:

Does your camper have diabetes? Yes No

If yes, please provide more information:

Does your camper have epilepsy? Yes No

If yes, please provide more information:

Does your camper get migraines? Yes No

If yes, please provide more information:

Please indicate which of the following vaccinations your camper has had (Please indicate the vaccination dates as applicable):

- Measles / /
- Rubella / /
- Mumps / /
- DPT / /
- Polio / /
- Tetanus / /
- Chicken Pox / /
- COVID-19 1st dose / /
- COVID-19 2nd dose / /
- COVID-19 3rd dose / /
- None of these

Does your camper have any allergies?

- Hay fever Poison ivy Insect bites
- Animals Penicillin Other medication(s)
- Peanut allergy Food allergy Other (specify)
- None

If you indicated any allergies above, please provide details here (reaction, treatment, etc.):

Does your camper have an EpiPen for their allergies?

- Yes No

If so, who is authorized to store and administer epinephrine for your camper?

- Camper themselves
- Camper's counsellor
- Any other responsible adults at camp

What is the dosage of your camper's EpiPen?

Does your camper take any medication? Yes No

Name of medication(s) and dosage information:

Can they take it on their own/without supervision? Yes No

PROGRAMS

POINTE-SAINT-CHARLES YMCA		Camp Program	
Week	Dates	Day Camp Ages 5 – 12 8:30 a.m. – 4:30 p.m.	Companion Program Ages 5 – 12 8:30 a.m. – 4:30 p.m.
1	June 27 – June 30	<input type="checkbox"/> \$107	<input type="checkbox"/> \$107
2	July 4 – July 8	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
3	July 11 – July 15	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
4	July 18 – July 22	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
5	July 25 – July 29	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
6	August 1 – August 5	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
7	August 8 – August 12	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134
8	August 15 – August 19	<input type="checkbox"/> \$134	<input type="checkbox"/> \$134

The registration deadline for each week of camp is on the Wednesday preceding the week in which you are registering your camper. After this date, please contact Michelle Johnson at 514-935-4711, ext. 243.

Add the amounts for selected camp weeks.

TOTAL	
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PAYMENT

- A 10% deposit fee per week registered is due at the time of registration.
- All fees must be paid in full **1 month** before the start of a given week.
- A \$15 fee will be charged for any declined payments.

MODIFICATIONS

- Cancellations or changes will only be accepted by email. Please **email** your request to the following address: **michelle.johnson@ymcaquebec.org**. *Changes are subject to availability.*

CANCELLATIONS

- A reimbursement will not be granted without a written request.
- The Day Camp Administration reserves the right to cancel (and reimburse) any registration at any time. All reimbursements will be issued using the same method of payment. If payment was made by debit card or cash, the client will be reimbursed by cheque.
- Once the camp week has begun, refunds will be prorated according to the number of days your camper was present during that same week.
- Absence from Day Camp does not constitute a withdrawal from the program. A reimbursement will not be granted.
- Refunds will not be given if the camper is sent home for misconduct.



Terms and Conditions Day Camps of the YMCAs of Québec

I, the undersigned, understand and agree to the following:

1. While YMCA staff and instructors make every reasonable effort to minimize exposure to risk, I understand that by registering for camp, my camper(s) will be involved in physical activities, which carry an inherent risk of injury. My camper(s) and I are also aware that we will receive the Parent Handbook which will contain additional information regarding wellness and safety guidelines.
2. If my camper requires a dentist, doctor, or medication while at camp, charges for such services and transportation are the responsibility of the parent or legal guardian.
3. I will immediately notify the camp if my camper(s) has(have) been exposed to any contagious diseases, lice, or bed bugs prior to the start of camp.
4. I will immediately notify the camp of any changes in my camper's health since their registration.
5. I allow YMCA camp staff to administer medication to my camper as prescribed by their doctor or pharmacist or in the case of anaphylaxis.
6. YMCA camp staff can check my camper(s) for lice. Should my camper(s) have lice or nits, they will return home to receive lice or nit treatment and have their hair inspected when they return to camp.
7. YMCA Camps reserve the right to remove a camper from a program if their behaviour puts them or others at risk of physical or emotional harm. Should a child be sent home for any reason, it is the parent or legal guardian's responsibility to pick them up within a reasonable amount of time.
8. If my camper's behaviour disrupts camp activities, I will cooperate and meet with camp managers.

Answer required.

YES _____ NO _____
initials initials

9. My camper(s) and I acknowledge that we are responsible for learning and following the safety measures and other regulations established by YMCA staff at all times. My camper(s) and I understand that any behaviour that places my camper(s), or others, at risk may result in an immediate dismissal from the program. I agree to assume any expense(s) arising from such a dismissal.
10. The YMCA, its employees and partners are not responsible for the loss, theft or damage of my camper's property during their participation at camp.



Terms and Conditions Day Camps of the YMCAs of Québec

In case of emergency, after first attempting to reach the guardians/emergency contacts:

11. In the event of an accident, injury or illness involving my camper, while it is impossible for the YMCA to make immediate contact with a parent/guardian, I authorize and grant permission to YMCA staff to secure proper medical treatment and authorize them to act on my behalf in all procedures, including admission to an emergency unit, hospital and related treatments, such as X-rays, other tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I consent not to hold the YMCAs of Québec responsible for any costs or injury arising out of an emergency situation.
12. I have read the information provided by YMCA Camps and understand the implications of participating in a YMCA camp program. **Answer required.**

YES _____ NO _____
initials initials

Signature of the parent or guardian
I have read and agree to the conditions listed above.

Signature

Date: _____ / _____ / _____
yyyy mm dd