



YMCA Application for Camp Assistance

This form can be submitted by mail, fax, or email.

Mail to: YMCA of Simcoe Muskoka
6604 Rama Road, Ramara, ON L3V 1T3
Attention: Lesley Koski

Fax to: (705) 325-9633

Email: sm.camp@sm.ymca.ca

Inquiries: (705) 325-2253 x641

INFORMATION

Parent/Guardian Name (first, last)		Date of Birth (yy/mm/dd)	
Street Address		Town/City	Province and Country
Home Phone Number	Cell Phone Number	Work Number	Email
Emergency Contact	Phone Number	Relationship	

CAMPER NAME(S) First name, Last name

1.	3.
2.	4.

CAMP CHOICE

YMCA Day Camp

YMCA Camp Kitchikewana

YMCA Geneva Park

FINANCIAL INFORMATION (Confidential)

Provide your total monthly income, monthly expenses and a copy of your T4.

Monthly Income	Total	Monthly Expenses	Total
Total Income		Total Expenses	

PLEASE READ AND SIGN

I am applying for financial assistance because I am unable to pay the full fee under any of the standard payment options. The information presented in this form is correct. If my financial circumstances change, I will notify the YMCA and ensure my payments are timely and in keeping with my financial ability. Failure to meet agreed payments will result in my child(ren) not attending camp.

Signature

Date:

FOR OFFICE USE ONLY: Application Accepted Denied

Camper's Name	Camp Code	Approved Fee
1.		
2.		
3.		
4.		
Method of Payment: <input type="checkbox"/> Paid in full <input type="checkbox"/> Deposit and Post Dated Payment		
Staff Name:		Date:

PRIVACY STATEMENT: "The YMCA strives to ensure that volunteers and staff conduct their relationships with each other, participants and all other Association contacts with integrity, good judgment and fairness. The YMCA respects the right of individuals with the protection of their personal information. The YMCA is committed to maintaining the confidentiality, privacy and accuracy of personal information it collects, uses and discloses about its participants, members, donors, parents/guardians, staff and volunteers."