

REGISTRATION FORM

FOCUS ON YOUTH 2019

LOCATION:

PARTICIPANT INFORMATION

Name:	Birthday (day/month/year):	Age at camp:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Address:	City:	Postal Code:	Home Phone Number:

Grade attending in September 2019: _____

PARENT 1/PRIMARY CONTACT	PARENT 2/SECONDARY CONTACT
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Name:	Name:	
Work Phone:	Cell Phone:	Address: (if different than participant)
Email:	Contact Number:	

CUSTODY OF PARTICIPANT

Please Specify: Mother Only Father Only Both Other: _____

I understand and permit pictures of my child to be taken at FOY and used for promotional purposes for the YMCA of Windsor and Essex County Yes No

WHO IS AUTHORIZED TO PICK UP YOUR CHILD, OR CONTACTED FOR EMERGENCY PURPOSES (IN ADDITION TO PARENT 1 AND 2)

Name: (other than parent)	Home Phone:	Work/Cell Phone:
Name: (other than parent)	Home Phone:	Work/Cell Phone:

Does your child have permission to walk home once the program is over? YES NO (NOTE: ONLY CHILDREN 9 YEARS AND OLDER ARE PERMITTED TO WALK HOME)

MEDICAL INFORMATION (A SUPPLEMENTARY FORM WILL BE REQUIRED IN ADDITION TO THE REGISTRATION FORM)

Does your child have any allergies or medications needs?

Please list any medical or dietary conditions we should be aware of:

Please list any medications that your child requires while at camp:

Does your child require an epi-pen during program hours?

Does your child have an I.E.P.(Individual Education Plan)

Does your child have an Educational Assistance in the classroom setting?

Please check all that apply

Developmental disability Down Syndrome Autism Spectrum Disorder Pervasive Developmental Disorder Ashtma or respiratory concerns Tourette's Syndrome

Cerebral Palsy Hearing impairment Visual impairment ODD Diabetes Seizure disorder Heart conditions Communication disorder ADD/ADHD

other: _____

Participant name: _____ \$20 CASH REGISTRATION FEE PAID Initial: _____

PLEASE SELECT THE WEEKS OF PROGRAM YOU WISH TO ATTEND. SOMEONE WILL CONFIRM WITH YOU VIA LETTER OR EMAIL PRIOR TO THE START OF PROGRAM

	Date	Attending Please Check	YMCA Use Only				
Week 1	July 8-12 MON-FRI		MON	TUES	WED	THURS	FRI
Week 2	July 15-19 MON -FRI		MON	TUES	WED	THURS	FRI
Week 3	July 22-26 MON-FRI		MON	TUES	WED	THURS	FRI
Week 4	July 29 - August 2 MON-FRI		MON	TUES	WED	THURS	FRI
Week 5	Aug 6-9* TUES-FRI			TUES	WED	THURS	FRI
Week 6	Aug 12-16 MON-FRI		MON	TUES	WED	THURS	FRI

FOY HOURS: 9:00AM - 4:00PM

FOY COST: ONE TIME, NON-REFUNDABLE FEE OF \$20.00 PER PARTICIPANT.

CONTACT INFORMATION: HEATHER DENNIS, SUPERVISOR OF FOCUS ON YOUTH, 519-258-0243

REGISTRATION LOCATION, TIME AND DATES:

- **AMHERSTBURG PUBLIC SCHOOL** - STARTING JUNE 4TH, 2019 FROM 3PM - 6PM AT AMHERSTBURG PUBLIC SCHOOL
- **BELLE RIVER PUBLIC SCHOOL** - STARTING JUNE 4TH, 2019 FROM 3PM - 6PM AT BELLE RIVER PUBLIC SCHOOL
- **LEAMINGTON DISTRICT SECONDARY SCHOOL** - STARTING JUNE 5TH 2019 FROM 3PM - 6PM AT LEAMINGTON DISTRICT SECONDARY SCHOOL
- **BEGLEY, DAVIS, EASTWOOD, JOHN CAMPBELL, NORTHWOOD** - STARTING JUNE 3RD 2019 FROM 8AM - 3PM AT 500 VICTORIA AVE, WINDSOR.

ALL REGISTRATION FORMS WILL BE TAKEN ON A FIRST COME/FIRST SERVE BASIS AND MUST BE ACCOMPANIED BY THE \$20.00 CASH REGISTRATION FEE, WITH A MAXIMUM OF 5 FORMS PER PERSON. NO FORMS WILL BE ACCEPTED PRIOR TO THE DATES LISTED ABOVE, AND FORMS AFTER THE DATES LISTED ABOVE MUST BE DROPPED OFF AT THE YMCA LOCATED AT 500 VICTORIA AVE., WINDSOR, ON.

AUTHORIZATION

Signature of Parent/Guardian: _____ **Date Signed:** _____

YOUR CHOICE: From time to time the YMCA of Windsor and Essex County may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Windsor and Essex County departments that may be beneficial to the applicant.

Check here if you do NOT wish the YMCA of Windsor Essex County to contact you for any reason other than those relating to this application.