



YWCA Toronto Camp Tapawingo  
is an Ontario Camps Association  
Accredited Member



# 2025 YWCA TORONTO CAMP TAPAWINGO DAY CAMP REGISTRATION FORM

## REGISTRATION INFORMATION

Registration must be accompanied by a non-refundable deposit and pre-arranged balance payment. Balance payments can be arranged using credit card or post-dated cheque (payable to “YWCA Camping” and dated *June 2, 2025*).

To help serve camp participants better, we ask that you complete the statistic questionnaire at the time of registration. This form is mandatory, however you do have the option to decline to answer any individual question if you prefer.

## CAMPERSHIPS

We are pleased to partner with local social service agencies to provide some financial assistance for campers living in the local area based

on need. Please note that funding is limited, so early registration is essential. For more information, and to register, email [camping@ywcautoronto.org](mailto:camping@ywcautoronto.org).

## REFUNDS

Refunds for balance of fee will be given if requested in writing eight (8) weeks prior to the start of the session. Refunds for deposit (less a \$50 processing charge) will be given if a doctor’s certificate accompanies your written request. Refunds will not be given for late arrivals or early departures. In the event your camp session is cancelled due to government imposed regulations, a full refund will be issued (less a \$50 processing charge).

## CAMPER INFORMATION

CAMPER’S LEGAL NAME	PREFERRED NAME TO BE USED WHILE AT CAMP	PREFERRED PRONOUNS
DATE OF BIRTH (DD/MM/YYYY)	GRADE 2024/2025	AGE AS OF JULY 1, 2025
HEALTH CARD NUMBER (incl. version code)	EXPIRY DATE (DD/MM/YYYY)	
FAMILY DOCTOR	DOCTOR’S TELEPHONE NUMBER	
HEALTH HISTORY (PLEASE INCLUDE ANY ALLERGIES, MEDICATIONS & TREATMENTS)		
DOES YOUR CHILD CARRY AN EPIPEN?	CAMPER SWIM LEVEL	
ADDRESS (include street number/unit number/city/province/postal code)		
PARENT/GUARDIAN NAME (#1) <input type="checkbox"/> Name only <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	E-MAIL ADDRESS	
HOME PHONE	WORK PHONE	CELL PHONE
PARENT/GUARDIAN NAME (#2) <input type="checkbox"/> Name only <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	E-MAIL ADDRESS	
HOME PHONE	WORK PHONE	CELL PHONE

See over for Emergency and Friend Information, Session Dates & Rates, as well as Payment options [↻](#)



NATIONAL ADVOCACY  
COMMUNITY ACTION.



YWCA TORONTO CAMP TAPAWINGO  
68 Bergamot Avenue, Unit 200, Toronto, ON M9W 1V9

T 416.652.9374  
[camping@ywcautoronto.org](mailto:camping@ywcautoronto.org) | [www.camptapawingo.ca](http://www.camptapawingo.ca)

## EMERGENCY INFORMATION

PARENT/GUARDIAN ADDRESS (if different from camper)

EMERGENCY CONTACT (this must be someone other than the parent(s)/guardian(s) listed above)

HOME PHONE

WORK PHONE

CELL PHONE

## FRIEND INFORMATION

We try our best to honour **ONE (1) MUTUAL** friend request. The campers must be the same age, attending camp the same length of time, and both request to be together.

NAME OF FRIEND

## SESSION DATES & RATES\*

Please check the appropriate session(s)

SESSION TITLE	AGE	DATES	RATE
<input type="checkbox"/> Week 1	5-11	Monday, June 30 - Friday, July 4	\$254
<input type="checkbox"/> Week 2	5-11	Monday, July 7 - Thursday, July 10	\$205
<input type="checkbox"/> Week 3	5-11	Tuesday, July 15 - Friday, July 18	\$205
<input type="checkbox"/> Week 4	5-11	Monday, July 21 - Friday, July 25	\$254
<input type="checkbox"/> Mini Overnight Camp 1	5-11	Wednesday, July 30 - Friday, August 1	\$254
<input type="checkbox"/> Week 5	5-11	Monday, August 4 - Friday, August 8	\$254
<input type="checkbox"/> Mini Overnight Camp 2	5-11	Thursday, August 14 - Saturday, August 16	\$254
<input type="checkbox"/> Week 6	5-11	Monday, August 18 - Friday, August 22	\$254

## PAYMENT INFORMATION

CAMP FEE(S) \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

DEPOSIT \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Deposit:  Cheque/Money Order  MasterCard  Visa

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRY DATE (MM/YYYY) \_\_\_\_\_ CVV# \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### PLEASE RETURN COMPLETED FORMS TO:

YWCA Toronto Camp Tapawingo, 68 Bergamot Avenue, Unit 200, Toronto, ON M9W 1V9

Email: [camping@ywcatoronto.org](mailto:camping@ywcatoronto.org)