

TFBU FOUNDATION SUMMER CAMP APPLICATION

Participant Information

Child's Full Name: _____

Date of Birth: _____

Age: _____ Gender: _____

School Name: _____

Grade: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Phone Number: _____

Emergency Contact Name & Number: _____

Email Address: _____

Summer Camp Information

- Dates: June 15 – July 22
- Days: Monday – Wednesday
- Time: 9:00 AM – 1:00 PM
- Drop-Off Time: 8:30 AM
- Pick-Up Time: Between 12:30 PM – 1:00 PM
- Location: 105 West Commerce Street, Oak City, NC 27857
- Ages: 7–13
- Enrollment Fee: \$25
- Breakfast and lunch will be provided daily.

Medical Information

Does your child have any allergies or medical conditions?

Yes No

If yes, please explain:

Is your child currently taking any medications?

Yes No

If yes, please explain:

Photo/Video Permission

I give TFBU Foundation permission to take photographs and/or videos of my child during camp activities for educational, promotional, and social media purposes.

YES, I GIVE PERMISSION

NO, I DO NOT GIVE PERMISSION

Emergency Medical Permission

In the event of an emergency, I authorize TFBU Foundation staff to seek emergency medical treatment for my child if I cannot be reached immediately.

YES

NO

Parent Agreement

I understand that my child is expected to follow camp rules and behave respectfully toward staff and other participants. I understand drop-off begins at 8:30 AM and pick-up is between 12:30 PM and 1:00 PM.

Parent/Guardian Signature: _____

Date: _____

Pay Enrollment Fee (\$25): [TFBU Foundation — Donate via AB Charities 1](#)

Submit: Application to our Email: tfbu2018@gmail.com or mail to 105 West Commerce Street, Oak City, NC 27857.

Office Use Only

Enrollment Fee Paid

Application Complete

Medical Information Reviewed

Staff Initials: _____