



2016
White Oak Foundation
Summer Camp Information

Dates: **Start:** **June 27, 2016**
 End: **July 29, 2016**

Closing: **Monday, July 4, 2016**

Time: **8:00 am – 4:00 pm**

Application Deadline: All applications must be submitted prior to
April 30, 2016.
Applicants will be notified of acceptance by
May 15, 2016.

Fees: **One time \$50.00 per child transportation fee due on or prior to the
first day of Camp(June 27)(if van transportation to and from Camp
will be provided).**

Weekly Camp Fee: **\$60.00 per child**
\$50.00 per child if 2 or more children from same household

Fees include: **Continental breakfast, lunch, and snack**
Trips to park, library, etc.

Additional Fees: **Special field trips, Recreational activities, movies, etc**

Questions: **Candace Tyner – (252)396-1289 cell**
whiteoaksummercamp@gmail.com email
White Oak Baptist Church – (919)362-6768

**White Oak Foundation, Inc.
Summer Youth Enrichment Camp
2016**

Application Information

***** Application Deadline: April 30, 2016*****

Child's Name:		
Date of Birth:		
Address:		
City:	State:	Zip Code:
Name of School:	County:	
Present Age:	Present Grade:	
Parent/Guardian Information		
Name:		
Email:	Home Phone #:	
Work Phone #:	Fax #:	
Cell Phone #:		
Emergency Contact		
Name:		
Phone #:		
Relationship to child:		
Transportation		
Limited transportation will be available. Circle the mode of transportation for your child/children:		
Church Van		Car
Child Care Information		
Health Insurance Company:		
Child's Doctor's Name:		
Policy #:		
Medications (list below)	allergies (list below)	Special Conditions (list below)

Parental Permission and Medical Consent With Liability Release

In the event of a medical emergency, I authorize any of the staff, employees and representatives of the White Oak Foundation Youth Enrichment Camp to provide, approve and authorize any health care needed for my child.

Parent Signature:	Date:
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**White Oak Foundation, Inc.
Summer Camp 2016
Van Transportation Application**

- **Must be completed by each van rider and submitted with a one-time transportation fee of \$50.00. Transportation slots are limited and will be awarded on a first come-first serve basis.**

Child's Name:	Age:	
Address:		
City:	State:	Zip Code:
Parent/Guardian Information		
Name:		
Name of work place:		
Work phone:	Home Phone:	
Cell Phone:		
Emergency Contact		
Name:		
Phone:		
Relationship:		
Drop Off/Pick Up Point:		
Time:(AM)	Time: (PM)	

In the event of a medical emergency, I authorize of the staff, employees and representatives of the White Oak Foundation Youth Enrichment Camp to provide for, approve, and authorize any health care needed for my child.

Signature of Parent:	Date:
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**White Oak Foundation, Inc Youth Enrichment Camp
Tuition Assistance Application
2016**

- **Must be completed for each child requesting assistance.**
- **Applicants will be notified of acceptance by May 15, 2016.**

Mother/Guardian:			
Address:			
City:	State:	Zip Code:	County:
Home phone #:		Work Phone #:	
Employer's Name and Address:			
Father/Guardian:			
Address:			
City:	State:	Zip Code:	County:
Home phone #:		Work Phone #:	
Employer's Name and Address:			
Application is being made for Tuition Assistance for:			
Child's Name:		Age:	Grade:
Date of Birth:		School Name:	
Address of School:			
Family Income(monthly)with proof:			
Mother:		Father:	Total:

I/We state that everything in this application is true to the best of my/our knowledge.

Signature of Applicant(s):	Date:
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