



Tomorrows' Leaders Camp (TLC)  
Summer Camp Application 2019  
For children ages 8-12  
July 1<sup>st</sup> – July 12<sup>th</sup>

2253 Main Street, Buffalo, NY 14214

St. Mary's School for the Deaf

Camp Time: 9:00 am to 3:30 pm

FEE: \$85.00 (for both weeks!)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Male or Female (circle one)

Address \_\_\_\_\_  
No. & Street City State Zip

Parent/Guardian's Name(s) \_\_\_\_\_

Address if different from above \_\_\_\_\_

Phone  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY Contact:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Please list below only those adults (18 or older) who have permission to pick up your child from TLC:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Allergies/Medical Concerns:**

\*\*\*We can not administer any medication during this program. Please do not send anything (aspirin, cough medication, etc.) with your child.

Please list any allergies (food and environmental) and treatment:

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Please describe any specific issues that TLC Camp should be aware of regarding your child:

Emotional/Social \_\_\_\_\_  
\_\_\_\_\_

Behavioral \_\_\_\_\_  
\_\_\_\_\_

Physical Limitations \_\_\_\_\_  
\_\_\_\_\_

Other information you believe would be helpful for us to know about your child  
\_\_\_\_\_  
\_\_\_\_\_

Permission Form

I \_\_\_\_\_, give permission for my child \_\_\_\_\_  
to attend all field trips sponsored by the Tomorrows' Leaders Camp. We will be traveling by First  
Student, or walking depending on the destination.

In an emergency, I expect to be contacted, if at all possible. For emergency medical treatment if  
necessary, I prefer my child to be transported to \_\_\_\_\_ hospital.

\_\_\_ I allow my child's picture to be taken for camp presentation purposes.

\_\_\_ I do not allow my child's picture to be taken for camp presentation purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Payment Information:**

Please RETURN completed form and fee to:  
TLC c/o ECCPASA; 1625 Hertel Ave., Buffalo, NY 14216  
Make checks and money orders payable to: **ECCPASA**

\*\*\*\*\* Payment is due before the start of camp\*\*\*\*\*  
Monday June 10<sup>th</sup>, 2019

**EARLY BIRD SPECIAL!!! 10% off if payment received by June 1<sup>st</sup>!!**

Your child is not officially registered until payment is received

Over →