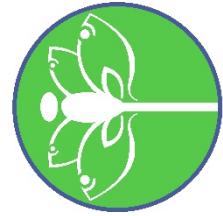




# Counselors in Training Application

*This section to be completed by parent/guardian*



CIT's name \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (H) \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian Name/s \_\_\_\_\_  
\_\_\_\_\_

Telephone (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent Email \_\_\_\_\_

Please select week(s) counselor wishes to volunteer. Please also indicate 1<sup>st</sup> preference.

Please indicate if the counselor is a RETURNING PARTICIPANT \_\_\_\_ or is New to the program \_\_\_\_\_.

Confirm or Wait List
A
B
C
D
E
F
G
Payment Rec'd
Counselor is undertaking a school volunteer requirement

**June Weeks**

**WEEK A** June 10 - 22

**WEEK B** June 17 - 21

**WEEK C** June 24 - 28

**July Weeks**

**WEEK D** July 1 - 5\*  
(\*no camp 7/4)

**WEEK E** July 8 - 12

**WEEK F** July 15 - 19

**WEEK G** July 22 - 26

Registration Fees & Refund/Cancellation Policy: **Counselors MUST be committed to attending camp Monday through Friday in the week(s) they are registered, and must be available for the entire camp day from 8:30am - 1:30pm.** I have enclosed payment for the registration fee of \$75 per week via check payable to The Community Preschool of the Palisades with this form. I fully understand that **my fees are NON-REFUNDABLE except in the event of cancellation by the camp or if space is not available for my child in the weeks requested.** *I understand that there are NO make-up days or refunds due to illness, unexpected vacation, weather emergencies, or any other reason.*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

