



Counselor 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 1st preference.

Please indicate if the counselor is a RETURNING PARTICIPANT ___ or is new to the program ____.

WEEK A June 15 – 19
<input type="checkbox"/>
WEEK B June 22 -26
<input type="checkbox"/>
WEEK C June 29 - July 2
<input type="checkbox"/>
WEEK D July 6 – 10
<input type="checkbox"/>

WEEK E July 13 -17
<input type="checkbox"/>
WEEK F July 20 - 24
<input type="checkbox"/>
WEEK G July 27 - 31
<input type="checkbox"/>
WEEK H August 3 - 7
<input type="checkbox"/>

Confirm or Wait List
A
B
C
D
E
F
G
H
Payment Rec'd
School volunteer requirement? Y N

Registration Fees & Refund/Cancellation Policy: CIT's **MUST** be committed to attending camp Monday through Friday in the week(s) they are registered and be available for the entire camp day from 8:30am -1:30pm. I have enclosed the **registration fee of \$75 per week** via check payable to The Community Preschool of the Palisades with this form. I fully understand that these **fees are NON-REFUNDABLE except in the event of cancellation by the preschool or if space is unavailable 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



Counselor in Training Application

Next section to be completed by the CIT applicant

If you are new to the program, please briefly describe why you want to participate as a CIT at Summer Camp.

If you are a returning CIT, please briefly describe what you most enjoyed about Summer Camp.

Applicant's signature _____

CIT's must be committed to attending camp Monday through Friday, and must be available for the entire camp day from 8:30am -1:30pm.

New applicants MUST submit a letter of recommendation from their current teacher.

Please return application and payment to: The Community Preschool of the Palisades,

5200 Cathedral Ave. NW, Washington DC 20016