

Palisades Country Day Camp
248 Herbert Ave.
Closter, NJ 07624
201-784-7600 ext. 3 Fax 201-784-8261
pcdcoffice@palisadescountryday.com

Counselor in Training (C.I.T.) Application
C.I.T. must be 14 years old

Last Name: _____ First Name: _____

Date of Birth: _____ Gender _____ S.S.#: _____

Address: _____
street city state zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

School Attending September 2021/2022: _____

Will you be needing P.C.D.C. transportation*? (if available): _____

**Fee for transportation must be paid in full prior to start of camp

If space is available, roundtrip busing can be provided at the following rates:
\$500 for full 8 week program _____

Health comments: Allergies, asthma, limitations, dietary restrictions...

Please describe _____

Any prescription medication taken? ___ Yes ___ No

If yes, please describe _____

Previous Camp(s) Attended: _____

(over)

Please list below any experience you may have with children.

Extra Curricular Activities, Hobbies, Interests: _____

Camp Program Skills: Please put a check near the activities in which you feel you could assist.

Arts/Crafts <input type="checkbox"/> ceramics/pottery <input type="checkbox"/> drawing/painting <input type="checkbox"/> leather craft <input type="checkbox"/> photography <input type="checkbox"/> woodworking _____ _____	Drama <input type="checkbox"/> theater <input type="checkbox"/> stage crew _____ Water <input type="checkbox"/> swimming _____ Dance <input type="checkbox"/> hip/hop/jazz _____	Nature <input type="checkbox"/> animals/animal care <input type="checkbox"/> birds <input type="checkbox"/> environmental studies <input type="checkbox"/> flowers/gardening <input type="checkbox"/> insects <input type="checkbox"/> rocks/minerals <input type="checkbox"/> weather <input type="checkbox"/> astronomy _____	Sports/Fitness <input type="checkbox"/> aerobics/exercise <input type="checkbox"/> baseball/t-ball <input type="checkbox"/> basketball <input type="checkbox"/> soccer <input type="checkbox"/> gymnastics <input type="checkbox"/> tennis <input type="checkbox"/> informal games _____ Miscellaneous <input type="checkbox"/> aviation _____
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Additional information: _____

Why do you want to participate in the Counselor-In-Training program?

If accepted, you will receive a contract. There will be a \$500.00 fee (non-refundable) that must be paid and must accompany the signed contract and returned to P.C.D.C.

Parent's Signature

Date

C.I.T. Signature

Date