

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

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

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.

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Extra Curricular Activities, Hobbies, Interests: \_\_\_\_\_

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

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

Additional information: \_\_\_\_\_

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

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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