

**Palisades Country Day Camp**  
**248 Herbert Ave.**  
**Closter, NJ 07624**  
**201-784-7600 ext. 3 Fax 201-784-1885**  
[pcdcoffice@palisadescountryday.com](mailto:pcdcoffice@palisadescountryday.com)

Counselor in Training (C.I.T.) Application  
C.I.T. must be 13 years old

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

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

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

Parent/Guardian #1 : \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ 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.

**Arts/Crafts**

- ceramics/pottery
- drawing/painting
- leather craft
- photography
- woodworking

**Music**

- singing
- instrument(s)
- \_\_\_\_\_
- \_\_\_\_\_

**Drama**

- theater
- stage crew

**Water**

- swimming

**Dance**

- hip/hop/jazz
- \_\_\_\_\_

**Nature**

- animals/animal care
- birds
- environmental studies
- flowers/gardening
- insects
- rocks/minerals
- weather
- astronomy

**Sports/Fitness**

- aerobics/exercise
- baseball/t-ball
- basketball
- soccer
- gymnastics
- tennis
- informal games

**Miscellaneous**

- aviation
- \_\_\_\_\_

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

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

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Once accepted into our C.I.T. (counselor-in-training) program, there is a \$750 non-refundable fee for 8-week enrollment. Fee will be pro-rated for any CIT enrolled for 7 weeks or less. The fee is due on or before June 1<sup>st</sup>.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
C.I.T. Signature

\_\_\_\_\_  
Date