

Please check **only** camps which you can commit to a full week.



Schoolhouse of Wonder
Counselor in Training Program
Applications Due by March 30, 2012

CIT 1, 13 and UP

- Cricket Camp**
Age 5-7/June 11-15
- Caterpillar Camp**
Age 5-7/June 18-22
- Frog Camp**
Age 5-7/June 25-29
- Sky Camp**
Age 5-7/July 9-13
- Fox Camp**
Age 5-7/July 16-20
- Sapling Camp**
Age 5-7/July 23-27
- Robin Camp**
Age 5-7/Jul 30-Aug 3
- Sprout Camp**
Age 5-7/Aug 6-10
- Raccoon Camp**
Age 5-7/Aug 13-17
- Young Explorer**
Age 5-7/Aug 20-24

CIT 2, 15 and UP

- Otter Camp**
Age 8-12 /June 11-15
- Run W/ Wolves**
Age 8-12/June 18-22
- River Camp I**
Age 8-12/June 25-29
- Easy Livin' Camp**
Age 5-12/Jul 2,3,5,6
- Luna Girls ONLY**
Thursday Overnight
Age 9-13/July 9-13
- Crow Boys ONLY**
Thursday Overnight
Age 9-13/July 9-13
- Earth Camp I**
Age 8-12/ Jul 16-20
- Naturalist Camp**
Age 8-12/ Jul 23-27
- Heron Camp**
Age 8-12/Jul 30-Aug 3
- Earth Camp II**
Age 8-12/Aug. 13-17
- River Camp II**
Age 8-12/Aug. 20-24

CIT Applicant's Name _____

Male Female Birth Date _____ Age on arrival at camp _____

CIT 1, 13-14 years old \$135.00 CIT 2, 15 years and up, No tuition fee,
pending acceptance to the program.

CIT Applicant's Address _____

City, State & Zip Code _____

CIT Parent/Guardian Name _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Email _____

Other Parent/Guardian Name _____

Telephone numbers: Home _____

Work _____

Cell/Other _____

Email _____

Emergency Contact Name _____

Relationship _____

Telephone Numbers: Home _____

Work _____

Cell/Other _____

Please tell us of any physical, medical, or emotional conditions that will require our special attention. Please specify particular challenges/ allergies and associated medications or special needs, if any.

May Schoolhouse of Wonder have permission to use your picture in promotional materials? Yes No

Have you worked as a CIT for Schoolhouse of Wonder camps in the past? _____

If so, when, and for which camps: _____

Please write below or attach a brief statement letting us know why you wish to be a CIT with our camp programs:

Of the camps you have indicated you are available, please let us know your preference by ranking your favorite two camp choices: _____

CONTRACTUAL ARRANGEMENT B/W SCHOOLHOUSE OF WONDER AND CIT'S FAMILY:

I understand that I must attend the CIT Training Day on Friday, June 09, 2012, 9:00 AM – 5:00 PM.

I understand my application must be received by March 30, 2012 in order that I may be considered for a limited number of Counselor in Training openings. You will be notified of your assignments and invoiced appropriately.

Program Times:

I understand that the weeklong camps for Age 5-7 begin at 8:15am and end at 5:00pm with afternoon pick-up scheduled from 5:00–5:15pm. Weeklong camps for Age 8-12 begin at 8:15 and end at 5pm with pick-up from 5:00–5:15pm. I understand that CITs should be present for the duration of each camp day, all week.

Authorization for Emergency Medical Care:

Should an accident or emergency occur that requires my child to receive medical care, I hereby give permission to the physician selected by Schoolhouse of Wonder staff to hospitalize and/or secure proper treatment for my child, except as noted below. I agree to be liable for these noted exceptions.

Exceptions to Treatment/Hospitalization: _____

Insurance Information:

Policy Holder's Name _____

Policy Number _____ Insurance Company _____

My child has my permission to enter into all camp activities. Schoolhouse of Wonder has been given all necessary medical and behavioral information about my child's health and well being.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please send this completed application form to:

Schoolhouse of Wonder, Attention CIT Program,
5101-B North Roxboro Road, Durham, NC 27704-1419