



# Counselor in Training (CIT) Application

## Summer Camp 2025

Our CIT program is a camp for teens and pre-teens who are interested in developing leadership skills and gaining experience working with young children in a safe summer camp environment. CITs are eligible to earn community service hours and will be presented at the end of the summer with an official certificate totaling training and volunteer hours. All CITs are also expected to attend a **CIT training on Thursday, June 19 from 9:00 am - 10:30 am**. We will cover topics such as leadership skills, child development, supervision of children, team building, planning and leading campers in songs and games, and inclusion.

### CIT - Please Fill Out the Following Information:

Choose One:

Junior CIT (age 10-11)

Regular CIT (age 12+)

CIT Name: \_\_\_\_\_

Address: \_\_\_\_\_

CIT Email Address: \_\_\_\_\_ CIT Cell Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

### CIT Program Hours, Fees and Billing

Hours: Monday - Friday 8:00 am - 2:15 pm

CIT Camp Fees: \$150 for 3-5 days per week, \$75 for 2 days per week

Application DEADLINE: May 1, 2025

CIT camp fees are NON-REFUNDABLE

Check off the days you are available:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> June 30	<input type="checkbox"/> July 1	<input type="checkbox"/> July 2	<input type="checkbox"/> July 3	No Camp
<input type="checkbox"/> July 7	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11
<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18
<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25

\*You must choose a minimum of ONE week in order to be considered for the CIT program this summer.

T-Shirt Size:  Small  Medium  Large  XL

\*Be sure to submit a payment with your application

\*Checks are made payable to "GBCP" or pay via ZELLE: [admin@greenbeginningpreschool.com](mailto:admin@greenbeginningpreschool.com).

COVID considerations: We are responsive and follow all CDC guidelines. All CITs must be vaccinated and submit a copy of their vaccine record with their application. CITs at camp last summer need only submit updated COVID booster records (if any).

If you have any questions or need more information, please call Camp Director Veronica at the preschool at 310-841-6100, her cell phone number 818-606-3722, or email at [veronica@gbcp1.com](mailto:veronica@gbcp1.com)

**FOR NEW CITs: Please answer the following questions:**

Do you have any experience working with children? If so, where and when? Please tell us about your experience.

Have you ever been a camper or a CIT at any summer camp? If so, where and when? Please tell us about your experience.

What motivated you to apply for a CIT position at our summer camp?

What are your hobbies and interests?

Provide an email to receive camp communication and news. If you don't have one, please provide a parent/s email.

**FOR RETURNING CITs: Please answer the following questions:**

Tell us about your camp experience last year, was it what you expected for your first/second year?

What inspired you to come back to be a CIT this summer?

Share an experience of how you have handled a conflict with a sibling, friend, or fellow CIT.

Please share some of your hobbies and interests.

Provide an email to receive camp communication and news. If you don't have one, please provide a parent/s email.

# CIT Emergency Information (to be filled out by a parent or legal guardian)

CIT Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies or other relevant medical conditions? If yes, please describe any steps to be taken should the condition arise while your child is in our care.

**Authorized Pick Up:** people authorized to pick up your child from camp.

Name	Relationship	Phone Number

**Sign In/Out:** Per licensing, parents have the option of allowing center staff to sign their school-age child in/out when the child arrives/leaves alone to/from the program. If you agree and give permission to the center staff to sign your school-age child in/out of the program **AND** you permit your school-age child to leave the program alone, please sign and date below:

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Release:** I, the undersigned parent/guardian, do hereby certify that my child is physically and mentally able to participate in camp activities. In case of emergency and I cannot be reached, I authorize Green Beginning Community Preschool (GBCP) staff to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify, and hold harmless GBCP Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full financial responsibility for medical care provided to my child in case of an emergency

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_