



# SUMMER DAY CAMP CIT REGISTRATION

Learn to be a leader and have fun during your summer break.

## GENERAL INFORMATION

Name of CIT: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

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

(please print clearly, we will send regular updates to this address)

In Case of an Emergency, if parent cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please mark the weeks that your child will be attending Day Camp & Latchkey

☐ Week 1 June 16-20

☐ AM Latchkey

☐ PM Latchkey

☐ Week 2 June 23-27

☐ AM Latchkey

☐ PM Latchkey

☐ Week 3 June 30-July 4

(Closed July 4)

☐ AM Latchkey

☐ PM Latchkey

☐ Week 4 July 7-11

☐ AM Latchkey

☐ PM Latchkey

☐ Week 5 July 14-18

☐ AM Latchkey

☐ PM Latchkey

☐ Week 6 July 21-25

☐ AM Latchkey

☐ PM Latchkey

☐ Week 7 July 28-August 1

☐ AM Latchkey

☐ PM Latchkey

☐ Week 8 August 4-8

☐ AM Latchkey

☐ PM Latchkey

**Refund Policy:** There is a 50% refund on your deposit prior to June 16th and NO refunds once camp begins.

## Camp \$65/ week + latchkey fees

### AM Latchkey (7am-10am)

\$30 per week due at the beginning of each week

### PM Latchkey (3pm-6pm)

\$30 per week due at the beginning of each week

*Paying for Latchkey in full up front allows for a 10% discount off of your Latchkey fee.*

**Note:** All registration forms are submitted without payment. A 50% deposit will be paid upon acceptance into the CIT program. The remaining 50% is paid prior to the first day your child will attend camp. You must register in person.

## T-SHIRT SIZE

Child Size: Small (6/8) Medium (10/12) Large (14/16)

Adult Size: Small Medium Large Extra-Large Other size \_\_\_\_\_

Please make sure you order the proper size.

**When in doubt, order a larger size!**

Parents will be charged for any additional shirts that need to be ordered due to an error in size.



# SUMMER DAY CAMP CIT REGISTRATION

## RELEASE INFORMATION

\_\_\_\_ **Activity Release:** The above name child has my permission to attend the Summer Programs at The SAL, which is sponsored by The Salvation Army in Royal Oak, MI. They are free to participate in all the outlined activities, as well as, all the offsite activities which are provided to the family each week. It is agreed that I do not hold The Salvation Army responsible for negligence on the part of my child during any aspect of the summer program. I understand that my child is protected by The Salvation Army's insurance coverage, provided the injury occurs between the regular hours of the program and that The Salvation Army or an outside organization is liable for the negligence.

\_\_\_\_ **Photo Release:** In the event that The SAL would wish to use a photo of my child in a publication & websites, my permission is granted.

\_\_\_\_ **Health Release:** In the event that a parent or the emergency contact cannot be reached, The SAL Community Center has my permission to secure emergency medical treatment for the above named child. NON-EMERGENCY treatment is not included in this release.

*Initial the above to which you agree and sign here*

**Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CIT AGREEMENT

I promise to do my best to make good choices while I am a CIT at The SAL. I understand that being a CIT is a privilege and I will do my best to be helpful during my summer. I understand that repeated poor choices may result in my being asked to leave The SAL summer Day camp.

**CIT Signature:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Times Taken:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Swim Level:**

**Beginner**

**Intermediate**

**Advanced**

**Tell us what age group you enjoy helping:**

\_\_\_\_\_

\_\_\_\_\_

**Do you have any special skills you'd like to share with the camp?**

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE ONLY

Total Weeks Attending: \_\_\_\_\_

Deposit Paid Date: \_\_\_\_\_

Day Camp Amount Paid Upfront: \_\_\_\_\_

Day Camp Balance Due: \_\_\_\_\_

Day Camp Receipt #: \_\_\_\_\_

Day Camp Check #: \_\_\_\_\_

Latchkey Amount Paid upfront: \_\_\_\_\_

Latchkey Receipt #: \_\_\_\_\_

Latchkey Check #: \_\_\_\_\_

Total Paid Upfront (Day Camp + Latchkey): \_\_\_\_\_



# SUMMER DAY CAMP CIT RECOMMENDATION

## The Salvation Army's Day Camp Counselor in Training Program

This form does NOT need to be turned in at the time of registration.

It is due at the time of the interview

To be filled out by one of the applicants teachers, coach or other adult.

Student's Name \_\_\_\_\_

Adult's Name \_\_\_\_\_ Date \_\_\_\_\_

How do you know this individual?

Please rate the following abilities for student. 1 being lowest; 5 being the highest.

Leadership                      1 2 3 4 5

Creativity                      1 2 3 4 5

Responsibility                      1 2 3 4 5

Helpfulness                      1 2 3 4 5

Decision Making                      1 2 3 4 5

Please indicate your feelings on this student working with kids: