



Counselor-In-Training



Counselor-in-Training is a program for 13, 14 & 15 year old boys and girls looking to gain the skills and experience to become a camp counselor.

The program works alongside our "Little People Playtime" allowing the counselors to gain hands on experience working with young children.

The counselors will also be trained in CPR and First Aid.

The C.I.T program is held at the Michael G. Perkins Community Center
47 Academy Avenue, Middletown, New York.

The program runs Monday thru Friday from 9:00am-3:00pm.

Campers must arrive no later then 9:15am. There are no extended hours available.

Camp t-shirt and lunch are provided, but campers should bring a snack and a drink.

Fees are:

Session #1: June 25 to June 29	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents
Session #2: July 2 to July 6 <small>(No Camp 7/4)</small>	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents
Session #3: July 9 to July 13	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents
Session #4: July 16 to July 20	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents
Session #5: July 23 to July 27	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents
Session #6: July 30 to August 3	\$75.00 for Middletown Residents	\$95.00 for Non-Middletown Residents

All registrations must be made in person or by mail to the Recreation Department Office, 47 Academy Avenue, Middletown. All fees are non-refundable. There will be a \$20 late charge for any registrations received after session deadline (prior to first day of session). There will be a \$25 late pick up fee for children who are not picked up by 2:00pm.

WE DO NOT ACCEPT CREDIT CARDS.

Disclosure Statement: Counselor-In-Training is licensed by the NY State Dept. of Health and is inspected twice yearly. Reports are filed at the Rec. Office.

C.I.T Registration

Name _____ Age _____ Birthdate _____
 Address _____ Zip _____
 Home Phone _____ Cell Phone _____ Work phone _____

Please CIRCLE Sessions Desired #1 #2 #3 #4 #5 #6 Please CIRCLE t-shirt size Sm Med Lrg

Make checks payable to: Middletown Recreation Department.

There is a \$20 Service charge on bounced checks

(845) 346-4180.

Counselor-In-Training

Dear C.I.T Participants & Parents,

Please return the attached Medical Information form along with your completed application and payment in full prior to the first day of the session your child is attending. Failure to meet the deadline will result in a \$20 late fee added on to the cost of the session.

Counselor-In-Training is held Monday thru Friday from 9:00am—3:00pm, rain or shine. Please dress children appropriately including comfortable clothing and closed toe shoes. On Monday, Wednesday and Fridays the camp takes a bus to the War Memorial Pool at Fancher-Davidge Park. Please be sure to bring appropriate attire on these days. Children must be dropped off no later than 9:15am at 47 Academy Avenue. Due to scheduling children will not be allowed into camp after 9:15am unless approved by the Superintendent of Parks and Recreation. Pick up is promptly at 3:00pm. There will be a 10 minute grace period for pick up. Any child that is picked up after 3:00pm will incur a \$25 late charge that must be paid before the child returns to camp. Drop off and Pick up is in the Gym entrance at the back of the building.

Secondary Accident Insurance is included in the fee.

Medical Information

Starting Session _____

C.I.T Participants Name _____ Age _____ Birthdate _____
Address _____ Zip _____
Home Phone _____ Work _____ Cell Phone _____

Immunization Name	Date Immunized	Immunization Name	Date Immunized
Diphtheria /Tetanus (DTP)	___/___/___	Measles/Mumps/Rubella (MMR)	___/___/___
Poliomyelitis (OPV)	___/___/___	Varicella (Chicken Pox)	___/___/___
Hepatitis B	___/___/___	Hemo. Influenza type B (HIB)	___/___/___

Please inform us of any medications, allergies, or health concerns:

Emergency Contact Information

Name	Relationship	Phone Number
1. _____		
2. _____		

Parent or Guardian Certification: I certify that the applicant named above is in good health and has my permission to participate in the 2018 Counselor-In-Training camp. I also understand that if my child is picked up after 3:00pm, I will be required to pay a \$25 late fee before my child can return to camp.

Parent Signature _____ Date _____