

2010 CIT APPLICATION FORM



Located on Rt. 189 in
North Granby, CT



Send application, deposit and
other correspondence to:

Chuck Washer, Director
High Meadow Day Camp
14 Lindsay Circle
North Granby, CT 06060

Director's Phone: 860-653-9325

Director's Fax: 860-653-7055

Email: director@highmeadowdaycamp.com

Our Counselor-In-Training program is designed for 14 and 15 year-olds. This program serves as an excellent transition from "Camper to Counselor" and is a very meaningful way to spend the summer. CITs assist the Counselors in leading groups of campers, and they have the opportunity to participate in many camp activities. CITs must possess responsibility and leadership abilities. CITs also form lasting friendships with fellow staff members that extend beyond camp.

Prospective CITs must complete the application form. If you are not a previous 2009 High Meadow Day Camp camper or CIT, please provide the name and phone number of a person we may contact as a character reference. An informational session/interview for first year CITs is also part of the application process and these are scheduled in mid-May. First year CITs are required to attend this session with a parent. First and Second year CITs participate in the pre-camp orientation day in early June (date to be announced) and training is ongoing during the summer.

Our 2009 camp season begins on Monday, June 28, 2010 and ends on Friday, August 20, 2010.

TUITION RATES	8 Weeks	Per Week
First Year CIT (brand new to High Meadow)	\$1,440.00	\$180.00
First Year CIT (previously enrolled as a camper in 2008)	\$1,240.00	\$155.00
Second Year CIT (successfully completed the First Year CIT program at High Meadow)	\$800.00	\$100.00

Rates include bus transportation, lunch and snacks. **We encourage enrollment for the entire summer, though the minimum requirement is 4 weeks.** The weeks do not have to be consecutive, but consecutive weeks are more beneficial to both the CIT and the camp.

Please return the application with a \$300.00 deposit. The balance of tuition is due two weeks before your child begins camp. If your child is not accepted as a CIT, your money will be refunded. No refund of tuition is made for absence, failure to attend during the full term of enrollment, or dismissal. High Meadow Day Camp reserves the right to remove any CIT whose presence is deemed detrimental to the camp. Camp photos may be used in camp publications/videos. If charging tuition to a credit card, any balances not paid by the due date will be charged in full prior to the CIT's attendance.

HIGH MEADOW DAY CAMP—2010 CIT APPLICATION

Full Name _____ M ___ F ___

Full Address (No., Street, Town, Zip) _____

Birth Date _____ Age When Entering Camp _____ Years _____ Months

CIT's Home Phone _____ CIT's Cell Phone _____

Grade Entering in September _____ Name of school _____

Previous Camp Experience

Name of Camp _____

Camper or CIT? _____

of Years attended _____

Parents/Guardians with whom the CIT resides

Parent 1 Full Name _____ Relationship to Camper _____

Full Address (No., Street, Town, Zip) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Email _____ Invoice this Parent? Yes No Legal Custodial Parent? Yes No

Parent 2 Full Name _____ Relationship to Camper _____

Full Address (No., Street, Town, Zip) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Email _____ Invoice this Parent? Yes No Legal Custodial Parent? Yes No

Emergency Contact (other than Parents/Guardians listed above)

Contact 1 Full Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

This is my (check one) first year _____ second year _____ at High Meadow Day Camp as a CIT.

Bus Pick-up Address (you must be within our busing area) _____

Are you interested in being a bus counselor? Yes _____ No _____

What age group would you enjoy working with at camp and why?

In a paragraph, please explain what abilities you have to share with the campers.

Please enter a check mark beneath the weeks you plan to attend

Week 1 6/28-7/2	Week 2 7/5-7/9	Week 3 7/12-7/16	Week 4 7/19-7/23	Week 5 7/26-7/30	Week 6 8/2-8/6	Week 7 8/9-8/13	Week 8 8/16-8/20

Make all tuition checks payable to "High Meadow Day Camp" or charge tuition to MasterCard or VISA:

Name as it appears on the credit card _____

Amount to charge with this registration _____

Account Number _____

Expiration Date _____

SIGNATURES

CIT Applicant Signature _____

Parent Signature _____ Date _____