

Killam's Point Day Camp Junior Counselor Registration

Name: _____ Gender: M F

D.O.B. _____ T-shirt Size: AS AM AL AXL

Special Needs or Information _____

Allergies _____

Parent/Guardian Name: _____

Parent's Email: _____

Parent Phone _____ Child Phone _____

Address _____ City _____ State: _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Camp Choice (please choose your top 3):

FCCB Under The Sea _____ **June 12-16** _____ **June 19-23**

Killam's Point _____ **June 26-30** _____ **July 10-14** _____ **July 24-28**
_____ **August 7-11**

Transportation –Choose one: FCC Bus pick-up _____ Bike _____ Drive-in w/adult staff _____

List experiences and/or credentials you have working with children: _____

What gifts/talents do you have to offer: _____

Area you would like to work in _____
(counselor -younger, counselor -older, art, music, nature, sports, kitchen, waterfront, etc.)

Photo Release - Please check appropriately according to preference.

I _____ do / _____ do not allow my child's picture to be taken for camp photos and possibly shown on Branford Public Access Television or on Facebook in a Camp Slide Show similar to sporting events, productions, and concerts shown for school.

There is a \$50 Tuition fee per week of camp for Jr. Counselors. No refunds will be given to cancellations made less than 3 weeks prior to camp start date. Community service hours / tuition payment will be credited based upon your participation and cooperation during the Program, staff meeting and assigned week of camp. Your preferred camp work assignment will be taken under consideration for placement.

Director Signature _____ **Date** _____

Parent Signature _____ **Date** _____

