

**Killam's Point Day Camp Junior Counselor Registration**

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

D.O.B. \_\_\_\_\_

T-shirt Size: AS AM AL AXL

Health form on file? Y N

Allergies \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent Phone \_\_\_\_\_ Child Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**In case I cannot pick up my child, please release my child to one of the following people:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Camp Choices: We can guarantee two weeks, and possibly more. Please list in order of preference**

\_\_\_\_ July 6-10      \_\_\_\_ July 13-17      \_\_\_\_ July 20-24      \_\_\_\_ July 27-31

**Transportation for KP location** -Choose one: Sliney School 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 **(not guaranteed)** \_\_\_\_\_  
(counselor -younger, counselor -older, art, music, nature, sports, kitchen, waterfront, etc.)

**Photo Release - Please check appropriately according to preference.**

I \_\_\_\_\_ do / I \_\_\_\_\_ do not allow my child's picture to be taken for camp photos, advertisements, 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 \$75 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

