

# 2020 CIT (COUNSELOR IN TRAINING)

## Registration Form

New Experiences for SUMMER 2020

# Dinosaurs!

## And Animal Adventure Exhibit



**MUST BE 14 YEARS OR OLDER**

8:30am to 4:30 pm

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Parents' (guardian) Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Please list any additional people you wish to authorize to pick-up your child (ID must be shown at pick-up):

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

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ In Emergency Call: \_\_\_\_\_

**A confirmation will be emailed to you (print email):** \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_) \_\_\_\_\_

List any allergies (food, drugs, plants, insects, etc) \_\_\_\_\_

Is the child you are enrolling a child with special needs? If so please explain:

\_\_\_\_\_

Please describe any additional health and wellness \_\_\_\_\_

<b>8:30 AM to 4:30 PM (CIT ONLY)</b>	<b>Must Submit by March 1,2020</b>
<b>Session A June 22– June 26</b>	<b>\$155</b>
<b>Session B June29 – July10</b>	<b>\$ 311</b>
<b>Session C: July13-July 24</b>	<b>\$ 311</b>
<b>Session D: July 27-August 7</b>	<b>\$ 311</b>
<b>Session E: August 10- Aug. 21</b>	<b>\$ 311</b>
<b>Session F: August 24- Aug. 28</b>	<b>\$ 155</b>
<b>Session G: Aug. 31 – Sept 4</b>	<b>\$ 155</b>

**Terms of Agreement – read carefully, please make a copy for your records**

- A. After interviews with the Director, CIT will be chosen by June 1, 2020.
- B. Payment in full, upon registration, is required by March 1, 2020.
- C. All payments will be refunded if the child is not chosen as a CIT.
- D. **Late Fee....**A \$75 late fee is applied to unpaid balances postmarked after June 1, 2020. Balances not paid in full by June 1, are subject to cancellation of enrollment. A \$35 fee will be assessed for each returned check.
- E. **There are no session changes made after an agreement is made between the Director and the CIT (Counselor in Training)**
- F. **All Counselors in Training must attend a mandatory orientation (no exceptions) June 13, 2020.**
- G. Parents are responsible for providing snack, lunch, and transportation.
- H. Permission is granted for CSTL to take and use photographs for its publicity and marketing purposes.
- I. Permission is granted for any day trips, athletics, and experiences that are part of the camp program.
- J. CSTL reserves the sole and exclusive right to dismiss students for improper behavior, either by the camper, their siblings, guardian, or their parent(s).
- K. CSTL is not responsible for any damaged, lost, or stolen property. Cell phones and video games are prohibited.
- L. In the event of an emergency, I authorize CSTL to administer prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child during camp.
- M. I understand that my child will be exposed to group activities and activities that may be new to my child. I accept that my child's participation in camp activities and events is made in full knowledge of their inherent risks and perils.
- N. I hereby guarantee my child's fitness as a prerequisite to my child's participation in the camp's activities. And further, as a condition of his/her participation, I hereby agree to hold harmless severally and individually, CSTL and its employees and agents from any and all liability including a prejudice of any kind whatsoever arising from my child's participation in the activities and events of the camp.
- O. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.
- P. **Refunds:** Will be granted on the following schedule and with receipt of a written and signed request. All deposits are non-refundable.
  - 75% refund: April 16-30
  - 50% refund: May 1-15
  - 25% refund May 16-31
  - 0% refund: All tuition is non-refundable after June 1, without exception.**

I agree to the **Terms of Agreement** by signing below:

**Parent (guardian's) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By Check.....** Checks payable to *CSTL*. A \$35 fee will be assessed for each returned check.

**Credit Card.....**  Visa  MC  Amex  Discover Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security # \_\_\_\_\_ I Give permission to charge my Credit Card\$ \_\_\_\_\_ .00

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

**Mail To: CSTL 1450 Tanglewood Rd. Rockville Centre NY 11570**