

WALDORF SUMMER PROGRAM COUNSELOR-IN-TRAINING(CIT) APPLICATION for ages 14 and older

The Waldorf Summer Program Counselor-in-Training Program is a two-year program.

Summer at the Waldorf School offers a 6-week CIT program for ages 14 and older who are interested in becoming camp counselors or exploring personal growth and leadership experiences. Designed to help young people develop their personal awareness along with the basic skills of camp leadership, the program is led by an experienced CIT advisor, with support from the Camp Director and other key camp staff. For more information visit our website or email: summerprogram@waldorfgarden.org

PERSONAL INFORMATION:			
First Name:	Last Name:		
Address:	City	State	Zip
Email:	Cell Phone:		
Date of Birth: (14 & older)	T-Shirt Size:		
Parent/Guardian:	Relationship:		
Email:	Cell Phone:		

The Waldorf Summer CIT Program is a six-week program:

Monday, July 1st – Friday, August 9th, 2024

Tuition: \$1500

Make deposit checks for the \$500 deposit payable to: The Waldorf School of Garden City

Balance and Medical due May 1st.

EDUCA	TION:			
School	Attending:	Year in school:		
Favorite	e classes & activities:			
CAMP S	SKILS/HOBBIES:			
0 0 0 0 0	Working with children Musical instruments/Singing Cooking/Snack Story telling/Puppets. Indoor Games Nature/Gardening Arts and crafts Tennis/Lacrosse/Swimming	Add additional hobbies here:		
QUEST	ONS:			
2.	 Why are you interested in becoming a CIT at the Waldorf Summer Program? What experience do you have working with children 4-13? Working with adults? Working with peers? How do you plan to be a POSITIVE ROLE MODEL for our summer camp participants? 			
4.	4. List five words that describe your personality.			
APPLIC	ATION PROCESS:			
1.	 Return your application and fee to: Summer at the Waldorf School, 225 Cambridge Avenue, Garden City, NY 11530. If you have any questions, please email Carol Purdie at: summerprogram@waldorfgarden.org. 			
2.	Once your paperwork is received and reviewed, you may be contacted for an interview.			
I certify that all information provided on this application is accurate and complete.				
Parent/	Parent/Guardian Signature:Date:			
Applica	oplicant Signature:Date:			