

**BRIDLEGOVE DAY CAMP 2024**  
**C.I.T. APPLICATION FORM**  
**GRADE 9-10**  
**Tel: (416) 497-7667**

Parents, please print clearly when completing this form. Please attach the non-refundable registration fee of \$30.00 per child (\$50.00 family rate for two or more children) to the application form. This fee includes a camp T-shirt. **The fee for this program is \$200.00 for four weeks - to be paid on their first day of Camp. (July or August)** Fees are to be paid by either cheque or e-transfer to Bridlegrove Bible Chapel ([daycare6548@gmail.com](mailto:daycare6548@gmail.com)). **No cash please.**

C.I.T'S Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed as of June 30, 2024: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**INFORMATION ON PARENTS**

**FATHER**

**MOTHER**

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

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

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*email will be used to send camp info.

**MEDICAL INFORMATION**

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Surname and Initial on Health Card: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Is your child on any medication presently? \_\_\_\_\_ What? \_\_\_\_\_

Does your child have any developmental, physical or health concerns?  
\_\_\_\_\_

Restrictions that may limit their participation: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

### **CHILD INFORMATION**

Swimming Abilities \_\_\_\_\_

Interests and hobbies \_\_\_\_\_

### **EMERGENCY CONTACT PERSON**

- we will contact this person if we are unable to reach either parent

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

Address \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_

### **C.I.T. WAIVER**

Please note: The C.I.T. program is designed for young people who are interested in gaining experience to become a leader. An interview will be required. Limited spaces are available per session. Once the candidate has been selected to participate in the C.I.T. program, a positive learning attitude is expected. If for any reason the participant does not follow the outlined expectations he/she may be asked to withdraw from the program.

### **MEDICAL RELEASE**

If at any time, due to circumstances such as accident, sudden illness or emergency, I give my consent for my daughter/son to have any required medical treatment including anesthetic if necessary, by a private physician or hospital. I also consent to emergency transportation if necessary.

### **FIELD TRIP CONSENT**

I understand that the day camp will be having weekly field trips and that all details for these events will be posted for my knowledge and information. The field trip costs are included in the weekly fees. I give my permission for my daughter/son to be transported by school bus or public transit so that he/she can participate in any supervised camp trip off the day camp/church property.

I have read and understand all the camp information provided in the CIT Application (this includes the CIT Waiver, Medical Release, Field Trip Consent), as well as Day Camp Policies and Parent Information. As the Parent of \_\_\_\_\_ I agree to follow all the guidelines listed by the Day Camp while my child is in attendance.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
C.I.T Signature

\_\_\_\_\_  
Date

### **C.I.T. REGISTRATION**

**CAMP IS CLOSED:**    **July 1**  
                                  **Aug. 5**  
                                  **Aug. 23 (day camp cleanup)**

**T-shirt size:** Please check either:

child    youth    adult

Please check either: S    M    L    XL

Dates for the C.I.T. Program will be discussed at the interview.

**Circle Preference:**    **JULY (July 2 – July 26) OR AUG (July 29 - Aug 22)**

### **C.I.T. Outline**

The C.I.T. program is a program that is designed for young people who are interested in becoming leaders, but require a place to gain experience and knowledge in leadership skills. They will be expected to assist in running different games and activities, leading up to the point of supervising a game/activity on their own. They will be taught how to plan and carry out a Bible Study, lead a child to Christ, have their own personal quiet time and much more.

A C.I.T. will not be left in complete responsibility of a group of campers, or left to discipline a camper. His/her role is strictly to assist in the program so that he/she may see and understand how our program operates, to develop new skills and learn how to apply them.

A C.I.T. is expected to be a role model for the campers, putting positive energy and life into the program. It is their responsibility to assist the counselors and encourage campers. If they see a particular camper that is having a difficult time fitting into the program, they are expected to act like a big brother or sister to that camper, to help them to build friendships in the camp and feel accepted into the program.

To assist in their training, he/she will be pulled out of the program to receive individual training and instruction (a minimum of twice per week). They will be asked to complete daily observation and learning activities. This data will be used for discussion during their sessions with their peers and C.I.T. Director

### **C.I.T. Questionnaire**

(this section is to be filled out by C.I.T. only)

Are you a Christian?                      Yes                      No

Do you attend any church? (if so, which one): \_\_\_\_\_

What responsibilities do you believe a C.I.T. should have? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in any other C.I.T. program? (If so what did you learn?)

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in this program? \_\_\_\_\_

\_\_\_\_\_

What type of skills or abilities do you have to offer the program? \_\_\_\_\_

\_\_\_\_\_

Are you prepared to be here from 8:30a.m. to 5:00p.m. every day of the weeks you applied for?

Yes

No