



2017 Summer Camp

- Counselor in Training-

Easter Seals Iowa Camp Sunnyside

Counselor in Training applicants must be 13-17 years old and have previously attended Camp Sunnyside as a camper to apply. To become a Counselor in Training, please follow the steps below.

STEP 1) Obtain and complete the following required items:

- 3 page Application
- Registration Form
- Easter Seals Physical Form
- Signed Waiver
- Immunization Records
- \$75 non-refundable deposit

STEP 2) Send all of the required items together by one of the following methods:

Email: campandrespite@eastersealsia.org
Mail or Drop Off: Easter Seals Iowa
Attn: Camp and Respite
401 NE 66th Ave
Des Moines, Ia 50313

STEP 3) After we have received all of the required items, the applicant will be eligible for an interview. These interviews will take place at the end of May. Please wait for Camp Sunnyside Staff to contact you regarding the interview.

Payment Information

- Full payment is \$75 per week. If using extended hours, the full payment is \$100 per week.
- A non-refundable \$75 deposit is required to register a camper. Please send the deposit with the application, as the camper cannot be registered until we receive it. We do not reserve or hold spots.
The \$75 deposit will be applied to the first camp session.
- Full payment is due three weeks before the client attends his/her camp session. Failure to pay in advance may result in a loss of registration for that session. If the remaining balance is sent separately from the deposit and application, please send it to our Accounting Department at:
Easter Seals Iowa
Attn: Accounting
401 NE 66th Ave
Des Moines, IA 50014
- If the camper can no longer attend the registered camp sessions, please contact the program and support specialist at 515-309-2375. Failure to cancel the camp session at least one week before the camp session begins may result in the billing contact identified on the Registration Form being charged for the full camp session.
- If you are using extended hours, please remember the Day Camp Programs will maintain a strict adherence to the 6:00 p.m. closure time. There will be a late charge of \$10 due at the time of pick-up if a parent comes for a client between 6:00 pm – 6:10 pm. After 6:10 pm, there is an additional charge of \$1 per minute.

If you have any questions, please contact our Program and Support Specialist,
at 515-309-2375 or campandrespite@eastersealsia.org.



Easter Seals Iowa Camp Sunnyside -Summer Camp Counselor in Training- Application 2017

Client Information		
Last Name:	First Name:	Middle Name:
Address:		
City/State:	County:	Zip Code:
Phone:	Cell Phone:	Gender:
Email:		Birthdate: / /
Guardian Name:		Relationship:

Primary Language: English Spanish Other: _____ **Ethnicity:** _____

Camper Height: _____ **Camper Weight:** _____ **Grade Next Fall:** _____

Food Allergies: _____ **Reaction:** _____

Other Non-Food Allergies: _____ **Reaction:** _____

Epi Pen? Yes No **Please Explain:** _____

Does the camper need assistance in the event of a fire, tornado, flood or bomb threat? Yes No

Emergency Contact- In the event of an emergency, I give permission for Easter Seals to contact the following individual:

Name: _____ Relationship: _____

Phone Number : _____ Phone Number: _____

Preferred Hospital: _____

Last Tetanus Booster Date: _____ *or please attach immunization history from physician.*

We must know the camper's last Tetanus Booster date in order to be registered and attend camp

Please list one reference:

Name: _____ Phone Number: _____

Please have each the reference listed above complete the attached CIT reference questionnaire and return it to Camp Sunnyside with this Application

Please list any camp experience (list your most recent experience first):

Experience	Year

The following is a list of some everyday actives a CIT would encounter. Please put a "1" next to any activity that you can assist in teaching. Please put a "2" next to any that you are interested in learning about.

- ___ Arts and Crafts: painting, art projects, jewelry, etc.
- ___ Nature: hiking, nature crafts, environmental awareness, etc.
- ___ Archery: bow and arrows



Easter Seals Iowa
-Health History Form-

Client Name: Birthdate:

please complete all fields and return this form

In the event of an emergency, I give permission for Easter Seals Iowa to contact the following individuals:
(Name, Relationship, Work Phone, Home Phone, Cell Phone) x3

Regular Physician: Daytime Phone:
Preferred Hospital: Medicaid ID:
Insurance Carrier: Policy #:

Please list all allergies and reactions:

Do you carry an Epi Pen? [] Yes [] No *If so, please bring your Epi Pen with you to your sessions*

Any recent surgery or illness?

Any chronic or recurring illness?

Any other information?

Does this person have a seizure disorder? [] Yes [] No Date of Last Seizure:

Scheduled, PRN (as needed) and Non-Prescription Medications: Dosage:

Name of Person Completing Form:

Date: Contact Number:



Counselor in Training (CIT) Reference Questionnaire

Applicant's Name: _____

Reference's Name: _____

This person has given your name as a reference that could evaluate his/her character. Please give careful consideration to the questions asked about the applicant. **Remember that this individual will be a role model for a group of children.** You as a reference are expected to answer openly and honestly about our leaders of tomorrow!

Please answer the following questions:

Describe the relationship you have had with this applicant and for how long?

Why would this individual be a positive role model for children? Please Explain.

How would Easter Seals Iowa Camp Sunnyside benefit from having this individual as a CIT?

Are you aware of any problems/concerns that might interfere with this applicant's ability to perform the CIT position? _____

May we call you for further information? [] Yes [] No

We greatly appreciate your time and effort. Selecting a positive role model for children is no easy task! Your assistance in our program will make our difficult selection process easier, enabling us to choose the best candidates for the position. Thank you!

Signed: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Counselor in Training -Registration 2017-

Client Name: _____

Today's Date: _____ Birthdate: _____ Age: _____

Where would you like us to send the invoice?

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

I prefer electronic billing statements Email Address for billing: _____

Method of Payment:

Check

Amount Enclosed: \$ _____
(make payable to Easter Seals Iowa)

\$75 non-refundable deposit required

Credit Card

Visa MasterCard Discover

Amount Authorized: \$ _____

Card Number: _____

Name on Card: _____

Signature: _____

Expiration Date: _____ 3 Digit Code *(on back of card)*: _____

Would you like us to charge your card for the remaining balance the Wednesday before the session? Yes No

Counselor in Training is for ages 13-17.

Check-in is weekdays 8-9 am.

Check-out is weekdays 4-5 pm.

please mark all sessions you would like to attend

- | | | | |
|--|--|--|--|
| CIT 1 <input type="checkbox"/> June 12-June 16
Superheroes/Fantasyland | CIT2 <input type="checkbox"/> June 19-June 23
Western Week | CIT 3 <input type="checkbox"/> June 26-June 30
Rock N' Roll Daze | CIT 4 <input type="checkbox"/> July 3-July 7
Stars and Stripes |
| CIT 5 <input type="checkbox"/> July 10-July 14
Camp Explore | CIT 6 <input type="checkbox"/> July 17-July 21
Movin & Groovin | CIT 7 <input type="checkbox"/> July 24-July 28
Under the Sea | CIT 8 <input type="checkbox"/> July 31-Aug 4
Choose your own Adventure |
| CIT 9 <input type="checkbox"/> Aug 7-Aug 11
To the X-treme | CIT 10 <input type="checkbox"/> Aug 14-Aug 18
Mission Impossible | CIT 11 <input type="checkbox"/> Aug 21-Aug 25
Anything Goes | |

EXTENDED HOURS

(if you will not need to use extended hours, please ignore this section)

Extended hours run from
7:00am - 8:00am and
5:00pm - 6:00pm.

They are available for an additional fee of \$50 per week. This payment must be paid in full before the session starts.

Please check each week and at what time you will be using extended hours.

	Between 7-8 AM	Between 5-6 PM	Both AM & PM
1- June 12-June 16			
2- June 19-June 23			
3- June 26-June 30			
4- July 3-July 7			
5- July 10-July 14			
6- July 17-July 21			
7- July 24-July 28			
8- July 31-Aug 4			
9-Aug 7-Aug 11			
10-Aug 14-18			
11-Aug 21-25			