

# LITTLETON PARKS, RECREATION & COMMUNITY EDUCATION

## C.I.T. PROGRAM

### SUMMER 2010 BROCHURE CAMP TAHATTAWAN

#### COUNSELOR-IN-TRAINING PROGRAM

The Counselor-In-Training (C.I.T.) program is an education program for pre-teens and young adults ages 13-15 (entering grades 7-9 in Fall) with a curriculum designed to develop the skills necessary to be an effective leader and a superior Camp Counselor. While a C.I.T. is not technically a staff member, they are treated with the utmost respect and are groomed to take on the role of a counselor once they are of age.

C.I.T.'s are given considerable amount of responsibility and are given duties over-and-above what a camper would be given. There is no guarantee that once a C.I.T. has completed the program that they will be hired, but in most cases, exemplary performance will lead to an applicant being given HIGHEST priority during the actual hiring process.

#### ADVANTAGES TO BEING A C.I.T.

- Receive a HUGE discount to attend Camp Tahattawan
- Get valuable training for future jobs
- Build relationships with people who can mentor you
- Gain confidence and increase your self-esteem
- Become a leader and have a hands-on summer helping children
- Hang out with friends and help the community

#### CAMP WEEKS & THEMES

Week:	Dates:	Theme:	Field Trip:
Week A:	June 28—July 2	Steady Stars & Stripes Week	Salisbury State Reservation & Beach, Salisbury
Week B:	July 5—July 9	Peg-Leg Pirate Week	Pirate Museum, Salem
Week C:	July 12—July 16	Tremendous Tropical Week	Co-Co Key Water Resort, Fitchburg
Week D:	July 19—July 23	Electric 80's Week	Breezy Picnic Grounds & Waterslides, Douglas
Week E:	July 26—July 30	Dizzy Disco Week	Roll-on-America, Lancaster
Week F:	Aug. 2—Aug. 6	Rockin' Renaissance Week	Higgins Armory, Worcester
Week G:	Aug. 9—Aug. 13	Wild Wizards	Camp Carnival

#### COSTS:

- \$30 PER WEEK FOR RESIDENTS
- \$33 PER WEEK FOR NON-RESIDENTS

**\*\*IMPORTANT\*\***

THE C.I.T. DAY

IS FROM

8:30 AM—3:30 PM



C • A • M • P

TAHATTAWAN

**Expectations and Code of Conduct:**

A normal camp day is divided into several sections throughout the morning and afternoon. Each week trainees are assigned to a specific counselor and group of children that they will accompany throughout the morning activities. In the afternoon, trainees will meet with their director and may take part in their own activities as the camp atmosphere permits. Counselors-in-training are expected to follow policies provided to them by their Director and Counselors. Their duties are essential to the function of the camp. While their time at camp is meant to be enjoyed, trainees are entering a professional environment and are expected to act with maturity. Failure to comply with any of the rules or regulations of the program will result in disciplinary measures and possible dismissal.

**Open Door Policy:**

The Counselor-In-Training Director and Camp Director maintain open door policies for all trainees. If a counselor in training at any time has an issue, comment, or question at all related to camp they can find their Director and voice their concerns—we want to make the program fun and enjoyable, anything we can do to make that happen is our goal.

**Sample Afternoon Schedule:**

C.I.T.'s will be in charge of planning and executing a Thursday afternoon activity for the entire camp. The goal of this training is to teach each trainee about the aspects of responsibility, teamwork, organization, and preparation. Counselors in training will be under the supervision of the CIT director throughout the planning process. The following schedule is an example of an average afternoon schedule for CITs.

**Monday**

Refresher of CIT rules and policies. Explanation of the Thursday afternoon activities and foundation planning will take place.

**Tuesday**

Continuation of planning for Thursday afternoon activity.

**Wednesday**

After lunch, trainees will meet with their Director and the Camp Directors to review preparations. This meeting will involve discussion of any materials needed for the activity, a synopsis of the event, and a scheduling of an allotted time for the event.

**Thursday**

Afternoon will be used to implement plans. After the Thursday afternoon activity has ended, C.I.T.'s will meet with their director to discuss and reflect on their event.

**Friday**

C.I.T.'s will stay with their assigned field trip groups for the day.



# Counselor-In-Training—2010—Registration Form

## CIT INFORMATION

NAME: \_\_\_\_\_  
 D.O.B. \_\_\_/\_\_\_/\_\_\_ GRADE IN FALL '10 \_\_\_\_\_ M / F  
 MEDICATIONS\* Y / N FOOD ALLERGIES\* Y / N  
*\*All allergies/medications must be noted on the allergy action form*  
 Emergency Contact (other than parent): \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Home:(\_\_\_\_)\_\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_\_  
 Cell:(\_\_\_\_)\_\_\_\_\_

**One Complimentary T-Shirt (Circle Size)**

Adult: S M L XL

(T-shirts must be worn everyday)

EXTRA T-SHIRTS: Qty: \_\_\_\_\_ Size (s): \_\_\_\_\_

**\$8.00/ea (add to totals at right)**

*A Deposit of 50% is due at the time of registration.*

All balances are due on or before May 31, 2010.

Applications will NOT be accepted without C.I.T. application packet completed in full. Registration forms will NOT be accepted without well-visit (within one year) & immunization forms.

**WE HAVE A NO REFUND POLICY**

Participation in this program might involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program (s) listed above, hereby, for myself and my heirs, wave and release any and all claims of damage against the Town of Littleton, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to, personal injury and or property damage suffered by my child, myself, or my ward while participating in this activity. In addition, I give permission for the children to be treated by qualified medical personnel in the event that the above name guardian cannot be present.

Name printed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please state below whether you **do or do not give permission** for Littleton's Parks, Recreation and Community Education to use photographs taken of your child(ren) for the purposes of marketing and promotion (i.e. future brochures, website, etc). By checking below, you also release the department from any claims for financial compensation now, and in the future, in the use of the photographs.

- IDO** give permission to use my child's photo
- IDO NOT** give permission to use my child's photo

## PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME: (\_\_\_\_)\_\_\_\_\_ CELL: (\_\_\_\_)\_\_\_\_\_  
 WORK: (\_\_\_\_)\_\_\_\_\_ PARENT D.O.B. \_\_\_/\_\_\_/\_\_\_  
 HOUSEHOLD EMAIL ADDRESS: \_\_\_\_\_

CAMP WEEKS (8:30 - 3:30)	\$30.00 per week
309101A: 6/28 - 7/2	
309101B: 7/5 - 7/9	
309101C: 7/12 - 7/16	
309101D: 7/19 - 7/23	
309101E: 7/26 - 7/30	
309101F: 8/2 - 8/6	
309101G: 8/9 - 8/13	

<b>Camp Total</b>	\$ _____ . _____
<b>Park &amp; Rec 2010 Annual Fee</b>	<b>\$5.00</b>
<b>Non-Resident Charge \$3.00 per week</b>	\$ _____ . _____
<b>Extra T-Shirt(s) \$8.00 ea Qty. ____</b>	\$ _____ . _____
<b>Grand Total</b> No refunds will be given	\$ _____ . _____

### **CREDIT CARD ~ MC /VISA/DISCOVER**

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
 CW2# (3 digit # on back of card) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Amt. of Charge Authorized \$ \_\_\_\_\_ . \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name Printed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LITTLETON PARKS, RECREATION  
& COMMUNITY EDUCATION

33 Shattuck Street  
PO Box 934  
Littleton, MA 01460

Phone: 978-540-2490  
Fax: 978-952-6053

E-mail: [littletonrec@littletonma.org](mailto:littletonrec@littletonma.org)

WE'RE ON THE WEB:

[WWW.LITTLETONREC.COM](http://WWW.LITTLETONREC.COM)



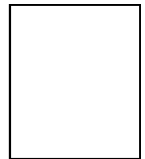
C • A • M • P

TAHATTAWAN

What needs to be included  
with your registration form:

- Registration Form
- Application Questionnaire
  - Reference Page
- Copy of latest Medical “Well-Visit” and Immunization Record—within one year
- C.I.T. Handbook Acknowledgement (located on last page of handbook, tear off and include with application)

Littleton Parks, Recreation  
and Community Education  
33 Shattuck Street  
Littleton, MA 01460





# Littleton Parks, Recreation & Community Education Department Counselor In Training

## Discipline Policy

Dear Parent or Guardian,

Please read carefully our policy regarding discipline and return this form with your child/children to the Director on the first day of camp.

**Serious Offenses:** Endangering another person's well being, swearing or verbal abuse of staff or participants, stealing or destruction of property, General disregard for C.I.T. Program and regulations.

**Consequences:**

- 1<sup>st</sup> Offense*- Written notice to parent/guardian regarding the problem.
- 2<sup>nd</sup> Offense*- Removal from site, C.I.T. will stay with Camp Director and parent/guardian will be notified to pick child-up.
- 3<sup>rd</sup> Offense*- Termination from Program. No refunds will be given.

**Minor Offenses:** Disrespect of staff or participants, inappropriate behavior on the bus or on field trips, and breaking general program rules.

**Consequences:**

- 1<sup>st</sup> Offense*- Verbal warning followed by a note in their C.I.T. file.
- 2<sup>nd</sup> Offense*- Loss of morning or afternoon activities.
- 3<sup>rd</sup> Offense*- Written notice to parent/guardian.
- 4<sup>th</sup> Offense*- Termination from program. No refunds will be given.

I have read and understand the above policy. I assume the responsibility of ensuring that my child(ren) is/are aware of this policy and the consequences of his/her actions should there be any such behavior.

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

Parent/Guardian Signature: \_\_\_\_\_

C.I.T.'s Name('s): \_\_\_\_\_

C.I.T.'s Signature('s): \_\_\_\_\_

# AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Diagnosis (at parents discretion): \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose given at camp: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration date of Medications Received: \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water): \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (at parents' discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

(Over)

## Authorization to Administer Medication to a Camper (2)

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_ the medication(s)  
(NAME OF CAMP) (NAME OF CHILD)  
listed above, in accordance with 105 CMR 430.160.

### 105 CMR 430.160(A)

*Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.*

### 105 CMR 430.160(C)

*Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

### 105 CMR 430.160(D)

*When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.*

*\*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Littleton Parks, Recreation &  
Community Education Department**

**Counselor In Training**

**Authorization for Child Pick-up**

The following individual(s) has/have my permission to pick up my child(ren) from camp if I am unable to at the conclusion of the camp day.

Child(ren's) Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The individuals authorized to pick up my child(ren) are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

# **CAMP REGISTRATION CHECKLIST**

**Registration Form completed**  
(waiver must be signed)

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**Well visit & Immunization record  
dated within one year**  
(if form expires before camp starts new form must be provided before camp begins)

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**Authorization to administer  
medication form**  
(must indicate sunscreen or bug spray on page 1)

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**Discipline policy form**

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**Authorization for child pick up form**

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**50% deposit** (balance due on or before May 31st)

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**If Paid in FULL**  
(10% discount if paid in full at time of registration, if reg. is received before 4/23)

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**Non Resident Charge**  
(**\$3.00 per week**)

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**If food allergy: MUST fill out  
separate Allergy Action Plan**