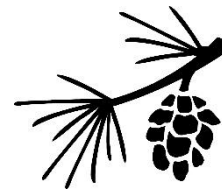


Pines Community Center



2026 Counselor in Training Application

* Requirements for new participants only: A one-page typed essay stating why they think they would make a good CIT, a letter of recommendation, and two references (not from family). Returning CIT's need to provide a one-page typed essay stating why they would like to return to the program.

Name _____ D.O.B. _____

Physical Address _____ Mailing Address _____

Town of Residence _____ Zip code _____

Email address _____ Telephone _____

Education:

Elementary School _____

Middle School _____

High School _____

School Activities _____

Activities outside of school _____

Employment (if any please describe) _____

Please list any previous experience/s working with children _____

Have you taken a baby-sitting class? _____ Location & Date _____

Have you been a CIT before? _____ If yes, where? _____

References (list 2 non-family members)

1. _____ Relationship _____ Telephone _____

2. _____ Relationship _____ Telephone _____

Teacher providing recommendation _____ School _____

I understand that as a CIT I will assist the Counselors by playing with the children, helping with group management and supervision, reminding children to listen, escorting children between locations, and modeling positive behavior. I will also assist in other duties, such as cleaning up, setting up activities, traveling with campers on Field Trips, assisting the Water Safety Instructor at the beach during swimming lessons, and other duties as assigned. As a CIT I will behave in accordance with the rules and policies of the Pines Playground Program, such as those regarding dress, vocabulary, and cell phone use, and demonstrate good behavior and character at all times.

CIT Signature _____ Date _____

Refund Policy, Release Agreement & Medical Information

Program Refund Policies

Tuition is due prior to the start of any of our childcare programs. By signing this form, I fully understand any tuition paid for Pines Community Center programming is **non-refundable**. In the case that a refund is requested, the request will be reviewed by our directors and decisions will be made on a case-by-case basis. The Pines Community Center reserves the right to pause care until all tuition and any applicable late charges are paid. I acknowledge that a \$20 fee will be charged for a returned check.

Parent/Guardian Statement of Agreement

I give permission for my child to participate in all activities of the program/s listed above, and I assume all risks and hazards incidental to such participation. I hereby, for myself, my heirs, executors, and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the above activity.

Medical Release Agreement

I hereby give permission to the Pines Community Center staff, trained in First Aid & CPR, to provide First Aid to my child as needed. In the event of an emergency, I hereby give permission to the employees of the Tilton-Northfield Recreation Council (Pines Community Center) to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant.

Photo Release Agreement

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity pieces in various media including, but not limited to newspapers, magazines, television, and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used.

Will the participant attend summer school **YES** or **NO**

I hereby give permission for Pines Community Center Staff members to assist/supervise my child in applying

Sunscreen **YES** or **NO** Insect Repellent **YES** or **NO**

Chronic Illnesses: Does the participant have any chronic illnesses (e.g., diabetes, epilepsy, asthma, fainting, heart trouble, etc.)?

Physical Conditions: Does the participant have any physical difficulties (e.g. vision, breathing hearing, heart, cerebral palsy, etc.) that may limit his/her participation?

Medications: Does the participant take any medications either here or at home (e.g. Tylenol, epi-pen, inhaler, etc.) Under no circumstances are any participants allowed to have any type of medication with them during any of our programs. If medication(s) need to be administered during the day you will need to fill out a medication policy form.

Other: Does the participant have any family issues, physical, medical, or emotional conditions not listed above that would prohibit, limit, or effect their participation in any camp activities, or effect their interaction with staff and/or other campers (e.g. custody issues, family member health, cerebral palsy, ADD or ADHD, depression, anger management, PTSD, etc.

By signing below I confirm that I have read and understand all of the information in this document and I accept the Parent/Guardian Statement of Agreement, the Medical Release Agreement, the Payment Refund Clause, and the Photo Release Agreement, etc.

Parent/Guardian Signature _____

Date _____

Pines Community Center

2026 Counselor-In-Training Programs

Code of Conduct and Discipline Policy

Code of Conduct

1. The Pines Community Center is committed to providing a safe and welcoming environment for all participants. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in our facility or participating in our programs. CIT's must remember that they are representing the Pines Community Center at all times.
2. Junior CIT's and CIT's must agree that while under the supervision of the Pines Community Center's Summer Playground Program he/she will adjust personal habits and actions to meet the policies and ideals of the program and abide by the following regulations:
 - I will conduct myself in a mature and thoughtful manner, keeping in mind that my FIRST priority is the campers.
 - I understand that I am a positive role model and I agree to avoid all profanity and lewd remarks/conduct.
 - I will follow instructions of all Playground Program staff members and perform all duties as assigned.
 - I will wear appropriate clothing and attire at all times. We ask that you wear your Pines CIT shirt each day and sneakers.
 - I understand that the Playground Program is a drug and alcohol free property and I will not use alcohol, tobacco, or illegal drugs during the duration of my work at the Pines Community Center Playground Program.
3. Prohibited actions specifically include:
 - Inappropriate attire. (Vulgar writing on clothing, midriff's showing, or sandals)
 - Angry or vulgar language includes swearing, name-calling, shouting or screaming.
 - Physical contact with another person, especially in any angry or threatening way.
 - Harassment or intimidation by words, gestures, body language or any menacing behavior.
 - Theft, or behavior that results in the destruction of property.
 - Smoking, drinking alcohol, using illegal drugs, etc.
 - Any other conduct of an inappropriate, threatening or offensive nature.
4. If any participant feels uncomfortable due to the actions and/or behaviors of another participant they are encouraged to speak with the Playground Program Director.

Behavioral Policy

In the event that we are experiencing behavioral difficulties with any CIT, the following Behavioral Policy will be put into effect.

1. Playground Program Director or Counselor removes CIT from activity. A discussion with the CIT will take place regarding the necessary adjustment needed to improve behavior.
2. If the behavior persists, the CIT is removed from the activity and must accompany the Playground Program Director for the remainder of the day. The CIT's parents and Recreation Director will be notified at the conclusion of the camp day.
3. If a CIT is spoken to and removed from activities two times or more during the scheduled camp week a meeting will be scheduled with the CIT, the CIT's parents, the Playground Program Director, and Recreation Director to determine a plan of action to modify the behavior of the child.
4. There may also be an unexpected incident that causes an immediate expulsion from the program without going through the steps.

*Note: Refunds or credits will be determined on case by case basis depending on the situation. It is important to realize that a competent well trained staff will make every effort to manage all discipline problems effectively. However, if a Counselor-In-Training's behavior is dangerous or negatively affects the other individuals in camp, the decision will be made to remove the CIT from the camp setting.

I have read the Code of Conduct and Behavioral Policy for the Pines Community Center's Junior Counselor-In-Training & Counselor-In-Training Programs.

CIT Signature

Date

Print Name

Parent Signature

Date

Print Name

Pines Community Center

Counselor in Training Registration

Participant's Name: _____

Grade Completed June 2026: _____

Shirt Size: _____ (Youth S-XL, Adult S-XL)

Email Address: _____

Person Responsible for Payment: _____

Counselor-in-Training Grades 7th – 9th: 8 weeks, June 22nd-August 14th, 2026

Week #1: June 22-26

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #1: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #1: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #1: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #1: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #2: June 29-July 2

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #2: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #2: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #2: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #2: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #3: July 6-10

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #3: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #3: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #3: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #3: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #4: July 13-17

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #4: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #4: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #4: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #4: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #5: July 20-24

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #5: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #5: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #5: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #5: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #6: July 27-31

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #6: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #6: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #6: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #6: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #7: August 3-7

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #7: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #7: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #7: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #7: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Week #8: August 10-14

	<u>Base Rate</u>	<u>T-N Resident Rate</u>
_____ Week #8: Basic Day 8:30am-3:30pm	\$60.00	\$50.00
_____ Week #8: with Before Care 7:00am-3:30pm	\$70.00	\$60.00
_____ Week #8: with After Care 8:30am-5:30pm	\$70.00	\$60.00
_____ Week #8: with Before & After Care 7:00am-5:30pm	\$80.00	\$70.00

Total: \$ _____ Deposit: \$ _____ Cash/Check #: _____ Balance: \$ _____ Paid in full date: _____

Applying for Financial Assistance: _____ Applying for State Scholarship: _____

Registration ends Friday, April 24th, 2026, at 5:30pm. Registration packet, application, essay, and teacher recommendation must be received by this time. Acceptance is on a space available basis. All applicants will be notified of acceptance into the program by Monday, May 18th, 2026. The total fee must be paid in full by Friday, June 12th, 2026 to participate.