



CIT Camp Registration Form

Address: City: Home Phone: Email:			Date of Birth:	
Iome Phone:		Ctatar	7:	
/111 411 •				
chool:			Current Grade:	
olunteer Experience:				
	ganization:		Dates:	
Organization:			Dates:	
Organization:			Dates:	
Parent/Guardian Name: Cell Phone:	Emai	 il:		
	2711(d)	 -		
Parent/Guardian: Cell Phone:	Email	;		
Camp Sessions:	:			
☐ Week 1: June 17-21 Beach Week	☐Week 2: June 24-28 Travel/Missions Week	☐ Week 3: July 1-3 July 4 th Week	☐ Week 4: July 8-12 Dinosaurs Week	
☐Week 5: July 15-19 Christmas in July	□Week 6: July 22-26 Sports/Drama Week	☐ Week 7: July 29- August 2 Farm Week	☐Week 8: August 5-9 Obstacle Overcomers	

3. Please list any experience you have working with children ages 5-10 years old?				
4. Are there any additional personal qualities or s	skills that you feel qualify you for the role of a CIT?			
5. How did you come to know Christ?				
Please note the following information:				
• Applicants	CIT Program Hours:			
 All Applicants will have to pay a \$40 Registration Fee. 	 Applicants must be 12 years old to enter the program. 			
Summer Fees will be \$75 per week.	All applications MUST be accompanied by at least two CIT Reference Forms.			
participation as a CIT will grow my leadership	on this application honestly and feel that my p skills and enhance the program for campers, fellow CIT's.			
IT Candidate's Signature:	Date:			
	n this application and understand the level of indidate named in the application.			
arent/Guardian's Signature:	Date:			

We have limited number of CIT openings. Please note that CIT positions do not guarantee a paid-position on staff in following years.





CIT Reference Form

CIT Candidate's Name:		
Please answer the following question	ns:	
1. How long and in what atmospher	ere have you known this applicant?	
• •	he applicant would be a good counselor and role model Keystone SonShine Adventure:	
3. How have you seen this applicant	nt living actively for Christ?	
<u> </u>	ation in the event that we may need to speak with you eptance as a CIT with Keystone SonShine Adventure:	
Reference Name:		
Phone:	Email:	
Signature:	Date:	

Please submit completed form to Keystone Christian Academy (Do not return to applicant):

Erica Hershey- KSA Keystone Christian Academy 340 East Market Street York, Pa 17403 Or Scan and email to:

erica.hershey@kca-york.com kristen.eyler@kca-york.com