

# SONOMA DAY CAMP REGISTRATION PACKET

# C.I.T.

(Girls entering 9<sup>th</sup>-12<sup>th</sup> Grade)

**SEND COMPLETED REGISTRATION TO:**

**Sonoma Girl Scout Day Camp  
ATTN: DAY CAMP REGISTRAR  
P.O. Box 299  
El Verano, CA 95433**

**A COMPLETE C.I.T. REGISTRATION INCLUDES:**

- CAMPER REGISTRATION FORM *(page 4 in this packet)*
- CAMPER INFORMATION SHEET *(page 5 in this packet)*
- PHOTO (FACE) – 4 x 6 Print *(page 6 in this packet)*
- C.I.T. AGREEMENT *(page 7 in this packet)*
- C.I.T. APPLICATION *(page 8 in this packet)*
- C.I.T. ESSAY - Required for Level 3 & 4 C.I.T.s
- SECRET SISTER QUESTIONNAIRE *(page 9 in this packet)*
- HEALTH HISTORY FORM – PHYSICAL NEEDED *(page 10-12 in this packet)*
- PAID IN FULL *(checks payable to: **GIRL SCOUTS**)*

Sonoma Girl Scout Day Camp  
**IMPORTANT CAMP INFORMATION**

Sonoma Day Camp maintains conservative and modest standards for dress and conduct. Our goal is to have a comfortable, fun and safe camp atmosphere while not causing distraction and offending others. Staff members reserve the right to request a change in attitude and/or dress.

### **What to Wear**

A dress code has been implemented to ensure the comfort and safety of all Girls Scouts. ONE short-sleeve camp t-shirt\* will be included in the registration fee and provided to the girls on the first day of camp (you may purchase a 2<sup>nd</sup> shirt for an additional \$10). We ask that the girls wear this shirt to camp each day for identification purposes (expect to wash it frequently). Alterations to the camp shirt will not be permitted. Girls may also wear long pants or shorts that hit just above the knee (NO "short-shorts" or bare shoulders). Durable shoes with closed toes and laces and long socks are required (i.e. sneakers or hiking boots - No sandals, clogs, crocs or flip-flops). Please apply sunscreen and insect repellent before arriving at camp.

\*Camp T-shirt: One T-shirt is included in the registration fee for each camper (including Boys/Pixies). Be sure to order the correct size at the bottom of the "Camper Information Sheet." Once t-shirts are ordered they **cannot** be returned or exchanged.

### **Expected Camper Behavior:**

All campers are expected to abide by the Girl Scout Promise and Law. In an effort to ensure the safety of campers and an orderly camp, the Camp Director reserves the right to dismiss any camper, without refund, for reasons of safety or inappropriate behavior. If a camper is dismissed from camp, the Camp Director will have the parent/guardian pick up the camper immediately from Sonoma Day Camp. By sending your child to Sonoma Day Camp, you are agreeing with this policy. Our hope is that we never have to enforce this policy.

Our camp also practices a 'Zero Tolerance' approach to all types of violence and bullying. All campers are expected to demonstrate behavior that respects the rights of others. Campers are instructed to speak out if they see or feel that someone is not being treated appropriately. Campers exhibiting inappropriate behavior will be sent home WITH NO REFUND.

Because our day camp schedule is full of activities each day, we also expect campers to be dropped off and picked up on time.

### **First Aid**

For the health and safety of all campers, we request that campers with contagious diseases or conditions (including lice) not attend camp. Sonoma Day Camp has a "nit-free" lice policy.

### **Medication**

Any over-the-counter or prescribed medications must be in the original container, labeled with the child's name and sent to the Day Camp Nurse with written instructions on dosage and time to be administered. In certain cases, such as inhalers (which must be with the camper at all times) a note of necessity must be on file with the Day Camp Nurse. Epi-pens will be kept in the Nurse's Station.

Sonoma Day Camp welcomes girls of all abilities and needs. If your camper has special needs, please let us know immediately so that we can make appropriate accommodations. Please indicate any special needs on the Camper Information Sheet.

Because all of our campers have the opportunity to cook and will come in contact with many types of food during camp, food allergies are of special concern. If there are any food allergies that we need to know about please let us know as soon as possible and on the Camper Information Sheet and Health History form. While we will do our best to accommodate any special dietary needs, we are not able to provide a completely nut-free environment at camp.

### **Transportation**

Transportation to and from camp the camp drop off location will be arranged by each individual girl and their family.

### **Carpooling**

Carpooling is strongly encouraged for drop-off and pick-up. We will need to have the appropriate forms completed to allow your child to be released to anyone other than their parent/guardian and will help you with this as camp approaches.

### **Weather**

Camp is held rain or shine. Campers will be spending the day in the outdoors so dress appropriately for the weather.

In the event of a major incident and the Camp Director deems it necessary to evacuate the camp to ensure the safety of the girls, we ask that your emergency contact be available during camp hours.

### **What and What Not To Bring**

A complete list will be sent with your confirmation packet but here are the basics.

### **Bring Each Day:**

1. TOTE – A school bag or backpack labeled with Campers name.
2. LUNCH & DRINK – a healthy lunch and drink is needed each day
3. WATER BOTTLE (recyclable!)
4. HAT – it will be sunny and warm out a hat is always a good idea
5. LAYERS - sweatshirt/jacket; extra shorts or long pants in backpack
6. CAMERA – disposable camera is perfect – use a sharpie and write campers name on it.

Sonoma Girl Scout Day Camp  
**IMPORTANT CAMP INFORMATION cont.**

**Bring the First Day:**

1. MESS KIT/DUNK BAG (which includes an unbreakable cup, plate, bowl and silverware in a mesh dish bag)
2. T-SHIRT or PILLOW CASE – Each camper needs to bring one light colored t-shirt or pillow case. This will be used by your camper for a craft project at some point during the week. She should bring it with her on day one and plan on leaving it with the Unit leader until the craft time.
3. OTHER - other items as requested by individual unit leaders prior to camp. Your camper will be contacted by her unit leader and given any additional instructions needed for a successful week

Label *everything* with camper's name.

**Do NOT bring:** Please NO cell phones, radios, iPods, electronics devices, expensive items, candy, gum or sugary snacks.

**Cookouts:** Each unit will do a cookout at least once during the week you and your camper will be contacted prior to camp and you will be given additional information about special things that your camper needs to bring to camp.

**Day Camp Unit**

Day camp is a "Beyond-the-Troop Experience." Campers will be organized in to units of 8-12 girls based on their grade in the upcoming school year. Depending on the number of sign-ups at each grade level, camper's may not be grouped with other girls from their troop. Campers will receive a confirmation packet at least two weeks prior to Day Camp. You will receive a letter informing you of the following: unit number, unit leader(s) and any additional supplies requested by the unit leaders. Emergency phone numbers will also be included.

## **C.I.T. Level Descriptions**

### **C.I.T. 1 – Unit Leader Assistant**

Your first year as a C.I.T. uses your strengths and talents to work with campers in a unit. You will be assigned to a unit of 8-12 younger girls for the whole week and act as the Assistant to the Adult Unit Leader. You will help to manage the girls and take charge of important program elements for the campers. It is your responsibility to keep the unit on time and moving from activity to activity. You will have special training with other level 1 C.I.T.s as well as special assignments to help with larger program elements. If you complete the week successfully at camp you will be awarded your official metal C.I.T. whistle and bridge up to a level 2 C.I.T.

### **C.I.T. 2 – Program Assistant**

Your second year as a C.I.T. comes with increased responsibility. Not only will you be assigned to a unit, but you will also have program responsibilities. This summer you will use your skills and talents to help assist in one of the program areas at camp (i.e. archery, arts & crafts, cooking, etc.) that will be assigned to you. You will work in cooperation with the adult program director for that activity and help where needed. You will be responsible for knowing your program elements for the day and for teaching the campers when they rotate into your station. You will have special training with other level 2 C.I.T.s as well as special assignments to help with larger program elements. If you complete the week successfully at camp you will be awarded your official camp water bottle and bridge up to a level 3 C.I.T.

### **C.I.T. 3 – Program Leader**

Your third year as a C.I.T. comes with even more program responsibility. This summer you will apply to be for a specific program area but you will work in advance of camp to plan, budget and shop for the necessary equipment needed to make the program a success. You will lead the program during the day when girls rotate into your station. You will help to manage any level 3 C.I.T.s in your program area. It will be your responsibility to keep the program running smoothly and on time. You will have special training with other level 3 C.I.T.s as well as special assignments to help with larger program elements. If you complete the week successfully at camp you will be awarded your official camp backpack/tote bag/duffel and bridge up to a level 4 C.I.T.

### **C.I.T. 4 – JR Unit Leader/ JR Camp Administrative Staff**

Your fourth and final year as a C.I.T is super exciting. This summer you will have an option to either act as the Unit Leader for a group of girls or work in more on an administrative position to help run camp (i.e. Camp Director, Health Director, Program Director, etc.). All of these positions require a significant amount of work and preparation starting in January-June. You would be responsible for many different parts of camp and be considered "staff" for the week. This means you will also attend staff training with other adults during the week. You will have special training with other level 4 C.I.T.s as well as special assignments to help with larger program elements if needed. If you complete the week successfully at camp you will be awarded your official adult coffee mug and bridge up to an adult volunteer for future camp sessions.

# SONOMA DAY CAMP C.I.T. REGISTRATION FORM

Date Rec'd: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

**Please complete this form individually for each individual C.I.T. Applicant (Girls entering 9<sup>th</sup>-12<sup>th</sup> Grade next fall)**

**Program Fee:** Includes activities, meals, crafts, all camp lunch on Friday, t-shirt, fun patch, unit photo and more! Financial Aid is available.

ONLY complete registrations will be processed – please NOTE: Incomplete registrations **will be RETURNED**. Submission of registration DOES NOT GUARANTEE A SPACE at Sonoma Girl Scout Day Camp. The number of campers that can be accommodated is contingent on recruitment of sufficient volunteer staff. Only children of qualified volunteers are guaranteed placement. Registrations from Sonoma Valley – SU103 Girl Scouts received on time will be given highest priority. All campers will be notified of acceptance or wait list status no later than one month before camp starts.

### C.I.T. INFORMATION

C.I.T. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 C.I.T. Birth Date: \_\_\_\_\_ Grade in FALL: \_\_\_\_\_  
 Current Troop #: \_\_\_\_\_ Address: \_\_\_\_\_  
 Parent/Guardian Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Non-Parent Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### CAMP T-SHIRT

What Size (choose one)? YOUTH  Sm  Med  Lrg ADULT  Sm  Med  Lrg  X-Lrg  XX-Lrg

### MANDATORY DATES & TRAININGS

If you are applying to be a C.I.T. you must commit to the following dates and times. Please note - these are **NOT optional**. Initial next to each date to verify you have marked this on your calendar and plan to be there – Your fellow C.I.T. team is counting on you.

**YES, I have these on my calendar and am excited to work with my C.I.T. team before camp!** (Initial each date below to show your commitment)

- \_\_\_\_\_ Monday, April 21<sup>st</sup> from 6-8pm → Songs at Scout Shout Campfire, Altimira Middle School, Sonoma
- \_\_\_\_\_ Friday, May 9<sup>th</sup> from 5:30-8:30pm → Training & Assignments, St. Francis Church, Sonoma
- \_\_\_\_\_ Saturday, June 7<sup>th</sup> from 7:30am-4pm → Car Wash and C.I.T. Pool Party + BBQ, Sonoma
- \_\_\_\_\_ Saturday, June 14 from 9am-4pm → Training, Dunbar School, Glen Ellen
- \_\_\_\_\_ Sunday, June 15 at 3pm → Arrive at camp with all you stuff (see packing list), Dunbar School, Glen Ellen
- \_\_\_\_\_ Friday, June 20 at 5pm → Excused at 5pm – NO EARLY PICK-UPS! Parents asked to arrive at 3pm to help clean up C.I.T. Unit.

### AGREEMENTS

#### FAMILY SHARE COMMITMENT

Sonoma Day Camp requires that **EVERY** family donate a minimum of TWO (2) hours of adult service to help make camp a reality. Your family will be contacted with a specific request to help (example include set-up, clean-up, storage unit transport, sewing, working at a fund raising event (Car wash, 4<sup>th</sup> July food booth), etc. \*If you volunteer at camp that will satisfy this request. YOU HAVE TWO OPTIONS, SELECT YES OR NO:

**Yes, we are happy to help. Sign us up!** If you already have a preference for how you would like to help please indicate below, otherwise we will contact you with a few options when we need you:  Set-Up (Sat/Sun before camp)  Clean-Up (Fri/Sat after camp)  Car wash  4<sup>th</sup> July Food Booth  I would like to work a 2 hour shift during the week of camp  We have a truck and can help with loading in or loading out  I am crafty and can help sew or prep things prior to camp

~or~

**No, we opt out of this commitment.** You have the option of opting out of this commitment for a \$30 fee (\$30 = \$15 per hour). Sonoma Day Camp will use these funds to help a family who needs additional financial aid to send their Scout to camp. We will offer them the opportunity to work those hours on your family's behalf, deducting the \$30 from their balance.

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

#### PHOTO RELEASE

I hereby give permission for my child to be photographed or videotaped while participating in events at Sonoma Girl Scout Day Camp and I give Sonoma Girl Scout Day Camp permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion.

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

#### CAMPER/PARENT AGREEMENT

I have carefully read the "IMPORTANT CAMP INFORMATION" document, and I agree to cooperate and comply in all these areas. I understand that violations in any of these areas may result in my dismissal from Sonoma Day Camp.

**Parent/Guardian Signature:** \_\_\_\_\_ **C.I.T. Signature:** \_\_\_\_\_

### FINANCIAL INFORMATION

**C.I.T. REGISTRATION FEE SCHEDULE**  
 C.I.T. (entering 9<sup>th</sup>-12 grade) \$170  
**FINANCIAL AID AVAILABLE**

**WHAT WE OWE FOR THIS C.I.T.:**

C.I.T. Fee	\$ 170
ADD: \$30 OPT OUT of family share commitment (optional)	\$ _____
ADD: Donation to Scholarship Fund (Donations are tax-deductible)	\$ _____
TOTAL DUE:	\$ _____
FA DEPOSIT:	<\$ _____>
PRODUCT SALES REWARD CARD:	<\$ _____>
BALANCE:	\$ _____

All C.I.T. participants MUST be a currently registered Girl Scout. If the above participant is not currently a Girl Scout please contact us at [SonomaGSDayCamp@gmail.com](mailto:SonomaGSDayCamp@gmail.com) or call (707) 205-1233 ASAP.

# SONOMA DAY CAMP

## C.I.T. INFORMATION SHEET

(To be filled out by Parent/Guardian)

The following information will be kept confidential and will help camp staff get to know your camper and plan for their special needs prior to camp. Return the completed form with Registration and payment. All forms are due ASAP to give your camper priority in placement.

Name of C.I.T. \_\_\_\_\_ C.I.T. Camp Name: \_\_\_\_\_  
 Birthday at Camp?  Yes  No Date: \_\_\_\_\_ Is this C.I.T. on FaceBook?  Yes  No  
 C.I.T. Email: \_\_\_\_\_ C.I.T. Cell Phone: \_\_\_\_\_ Can Text:  Yes  No

Please review and check below what applies to you and/or your camper. This information is for statistical purposes only.  
 Please check the appropriate box, mark all that apply:

Custodial Care:	Camper is: <i>(Check all that apply)</i>	Camper is Latina or Hispanic:	Household income:
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> I choose not to share	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to share	<input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> I choose not to share

**PERSONALITY:**

Does/is camper:

- |  |   |                                    |  |
|--|---|------------------------------------|--|
| <input type="checkbox"/> tires easily  | <input type="checkbox"/> nervous        | <input type="checkbox"/> irritable | <input type="checkbox"/> angry / gloomy        |
| <input type="checkbox"/> shy           | <input type="checkbox"/> full of energy | <input type="checkbox"/> outgoing  | <input type="checkbox"/> over-active           |
| <input type="checkbox"/> easy-going    | <input type="checkbox"/> cheerful       | <input type="checkbox"/> bossy     | <input type="checkbox"/> argumentative         |
| <input type="checkbox"/> strong-willed | <input type="checkbox"/> obedient       | <input type="checkbox"/> picked on | <input type="checkbox"/> sensitive about _____ |

Does she make friends:  easily  fairly easily  with difficulty

Is she afraid of:  the dark  animals  loud sounds  water  other: \_\_\_\_\_

Other Issues/health problems we should be aware of ahead of time (ex. Incontinence, needs extra attention, etc.):

When she gets “out of hand” or “misbehaves” how do you help to calm her?

If she becomes homesick, what are your recommendations for helping her (other than having her call home)?

Sleep habits:  light  heavy  sleepwalker  nightmares  bed wetter

Precautions to take:

Has anything occurred in her life in the past year that may be a problem for her, or that may affect her/his behavior at camp such as a death of a near relative, divorce, school problems, loss of a favored pet, etc.)?  Yes  No

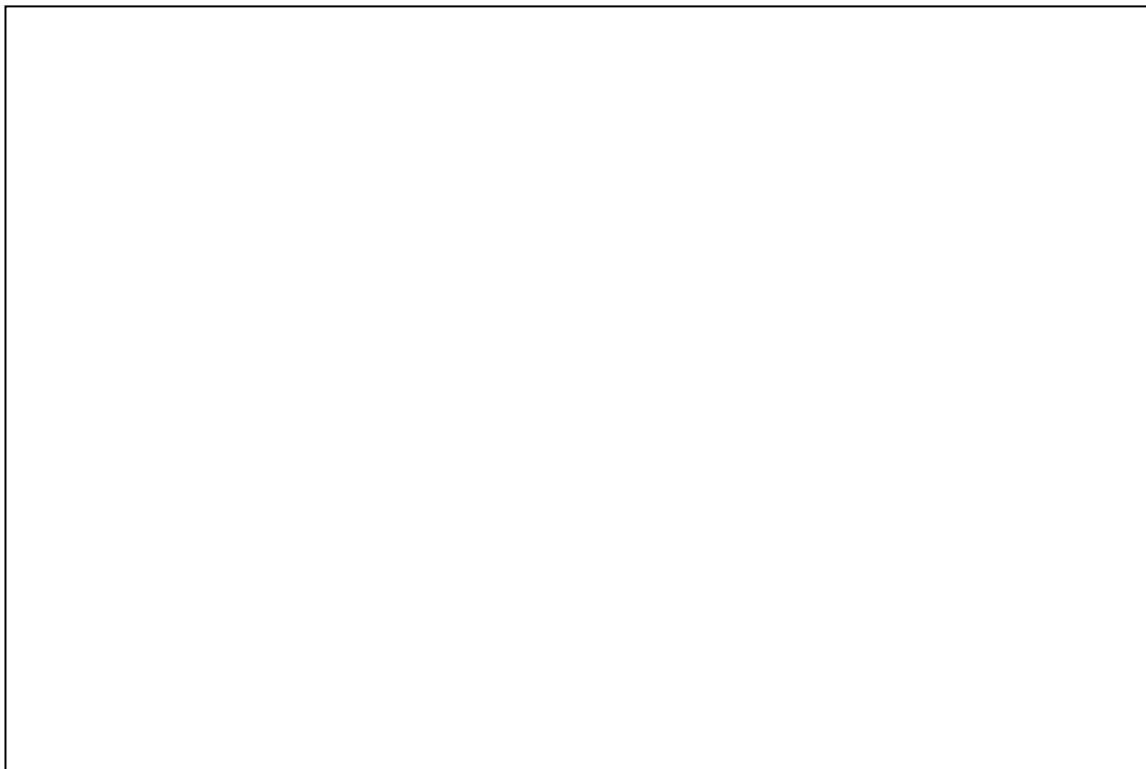
If yes, please describe:

Anything else you’d like to share with us that will help us guide your C.I.T. during her week at Sonoma Day Camp:

# SONOMA DAY CAMP CAMPER PHOTO

Sonoma Day Camp requires that a photo (school, sport, digital print out) of your Scout be included with the registration. You can staple it to this page. We will gladly accept any kind of photos as long as it is CURRENT and depicts a clear shot of the campers face.

CAMPER NAME: \_\_\_\_\_



# **C.I.T. AGREEMENT**

## **Expectations & Responsibilities**

**A positive attitude is the most important quality of a good C.I.T.**

I will exhibit cheerfulness and enthusiasm at all times especially during kapers, cooking, first thing in the morning, and last thing at night. When events do not go according to plan, I will not panic, but will have a calm and accepting attitude so as to influence the campers in a positive way. I understand that my attitude is the most important thing I have to offer and has more impact on the campers than any other staff member.

**I will use language that is supportive to the campers.**

I will be careful not to use slang loosely as the campers and other staff members can easily misinterpret it. I will try to keep this in mind and think first before I speak. I understand that sarcasm has no place in Camp.

**I will try to treat all the campers equally and fairly.**

I will refrain from playing favorites or discriminating in any way. I will handle clinging campers gently and without sarcasm. I will support all of the campers' efforts equally no matter how small or insignificant the attempt may be. I understand that all campers have the right to a successful experience at Day Camp and that how I communicate and offer my friendship is a key factor in that success.

**I will make every attempt to encourage and allow the campers to do for themselves.**

I will not take over their tasks be it a craft or a chore, but will help support, and encourage them to do for themselves in order for success and independence to grow.

**I will exhibit respect for the campers and unit leaders in the way I communicate.**

I will listen to suggestions calmly and respectfully communicate my problems to my unit leaders or to my aide Advisor if necessary. I will express my concerns as soon as possible to an appropriate adult.

**I will be a good example to campers by participating enthusiastically in all activities, kapers and projects.**

I will follow all the rules of Day Camp and thus be a good role model at all times.

**I realize that my role in a unit will be to help teach the campers songs, games, skills, nature, and all other aspects of camp life.**

I accept being part of the unit staff as a different responsibility than being a camper. In this capacity, I will try to be sensitive to the needs of the campers and the unit leaders.

**I will treat my fellow C.I.T.s as part of a team working together for the success of everyone at Camp.**

I will share everything possible, including but not limited to my skills, knowledge of camp life, friendship, responsibilities, and cooperation. These attitudes will be extended to include the C.I.T. overnights including sharing food, chores, and other projects.

**I will behave in a cheerful, positive and mature fashion,  
showing leadership, responsibility, cooperation and knowledge  
as expected of a C.I.T. at Sonoma Girl Scout Day Camp.**

**C.I.T. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# C.I.T. APPLICATION

The C.I.T. Scout should fill this out on her own (**NOT** by adults). Please complete and turn in with your registration paperwork.

C.I.T. Name:	Birthday:
C.I.T. Cell #:	C.I.T. Email:
School:	Grade in Fall: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
My Camp Name:	I'm applying to be a C.I.T. Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3* <input type="checkbox"/> 4*

I have read & signed the C.I.T. Expectations & Responsibilities and agree to follow them.  YES  NO

I got my Basic PA Training on: \_\_\_\_\_ I got my Basic PA Training at: \_\_\_\_\_

I have completed my 25 hours PA work to complete my Basic PA requirement:  YES  NO

### If it were up to you where would you like to work at camp?

Please indicate your interest level in EACH of the following areas: 1=No, 2=Not so much, 3=Good!, 4=AWESOME!!

Daisies (1st grade)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Archery	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Brownies (2nd-3rd grades)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Arts & Crafts	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Juniors (4th-5th grade girls)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Green By Nature	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Cooking	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Technology/Girl Go Tech	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

### Please indicate your abilities with the following skills:

Ability Level: 1=Don't know how to do it, 2=Know a little about it, 3=Can do it, 4=Good at it, 5=Can teach it

Fire Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Games	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Orienteering	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	First Aid	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Outdoor Cooking	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Flag Ceremonies	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Knots	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Song Leading	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Lashing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Archery	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Awards and Traditions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Other: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**Tell Us More!** Please give as much information/detail as possible to ALL of the following. You can use additional paper if you need more room.

1. Have you ever been a C.I.T. (PA, VIT, LIT) at a summer camp before? If yes, tell us about you training and experience.
2. Why are you interested in being a C.I.T. at Sonoma Day Camp?
3. Describe any experiences you have had working with children:
4. In what activities (sports, clubs, groups, leadership, etc.) do you participate in and outside of school?
5. Please tell us at least 5 other things you would like us to know about what makes you special:

**\*SPECIAL ESSAY:** An essay is required ONLY if you are applying to be a level 3 or 4 C.I.T. Please submit a one page essay attached to this application addressing the following questions: Tell us what area of interest (program or admin) you would like to be assigned to and why. What would you bring to this area? Why should we pick you? What are your strengths and weaknesses? What extra training or help would you need before camp to be successful in this position?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you! We will be contacting you soon for a phone interview - if necessary.





**Sonoma Day Camp**  
**C.I.T. Secret Sister Questionnaire**

Fill in information about yourself, so we can pass it along to the girl who has you.

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

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

Allergies (food, animal, fragrance, nickel, etc.): \_\_\_\_\_

**MY FAVORITES**

Color: \_\_\_\_\_

Animal: \_\_\_\_\_

Scents: \_\_\_\_\_

Sports: \_\_\_\_\_

Cartoon / Disney Character: \_\_\_\_\_

Hobbies you enjoy: \_\_\_\_\_

Magazine: \_\_\_\_\_

Things I collect: \_\_\_\_\_

Movie: \_\_\_\_\_

Book: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Pastime: \_\_\_\_\_

Snack Food: \_\_\_\_\_

Beverage/Drink: \_\_\_\_\_

Cookie: \_\_\_\_\_

Flower: \_\_\_\_\_

Silver or Gold? \_\_\_\_\_

Band/Music Type: \_\_\_\_\_

Do you have pierced ears: \_\_\_\_\_

Birthday (mm/dd): \_\_\_\_\_

Other things I like are: \_\_\_\_\_

**THINGS I DO NOT ENJOY AS MUCH**

Color: \_\_\_\_\_

Animal: \_\_\_\_\_

Band/Music Type: \_\_\_\_\_

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

Other: \_\_\_\_\_

**TURN IN AT FIRST DAY CHECK IN!**

**PARENT:** Complete form through Part VII: Parent Consent section on the back.

**PHYSICIAN:** Complete statement on back of form and date **(within 12 months)**.

## PART I: PARTICIPANT RECORD

Name - Last, First, Middle Initial

Birth Date - MM/DD/YYYY

Age

Home Address

City/State/Zip

Parent/Guardian Name

Day Time Telephone

Evening Phone

Cell Phone

( )

( )

( )

Parent/Guardian Name

Day Time Telephone

Evening Phone

Cell Phone

( )

( )

( )

## PART II: EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name

Day Time Telephone

Evening Phone

( )

( )

Home Address

City/State/Zip

Relationship to Girl

## PART III: HEALTH INSURANCE INFORMATION

Name of family PHYSICIAN: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address of family PHYSICIAN: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Family Medical/Hospital INSURANCE CARRIER: \_\_\_\_\_ POLICY/GROUP NUMBER: \_\_\_\_\_

Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.?  Yes  No

If yes, what ID number do you use?

What is the HMO main phone number for emergencies? ( ) \_\_\_\_\_

## PART IV: ALLERGIES/ILLNESSES/INJURIES

**Allergic Reaction:** (Check those that apply and specify nature of allergic reaction)

Check here for no known allergies

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Animals _____           | <input type="checkbox"/> Hay Fever _____       | <input type="checkbox"/> Medicines/Drugs _____ |
| <input type="checkbox"/> Pollen _____            | <input type="checkbox"/> Food _____            | <input type="checkbox"/> Insect Stings _____   |
| <input type="checkbox"/> Plants/Poison Oak _____ | <input type="checkbox"/> Other (specify) _____ |  |

**Chronic or Recurring Illnesses:** (Check those that apply and give appropriate dates)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma _____                   | <input type="checkbox"/> Diabetes _____                    | <input type="checkbox"/> Heart Defect/Disease _____ |
| <input type="checkbox"/> Musculoskeletal Disorder _____ | <input type="checkbox"/> Bleeding/Clotting Disorders _____ | <input type="checkbox"/> Ear Infection _____        |
| <input type="checkbox"/> Hypertension _____             | <input type="checkbox"/> Seizures/Convulsions _____        | <input type="checkbox"/> Mononucleosis _____        |
| <input type="checkbox"/> Skin Disease/MRSA _____        | <input type="checkbox"/> Other (specify) _____             |   |

**Childhood Diseases:** (Check those that apply and give appropriate dates)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Measles _____         | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Mumps _____       | <input type="checkbox"/> Other (specify) _____ |   |

**Other Health Conditions:** (Check those that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Down's Syndrome         | <input type="checkbox"/> Hearing Impairment     | <input type="checkbox"/> Nose Bleeds      |
| <input type="checkbox"/> Wears Glasses/Contacts           | <input type="checkbox"/> Bed Wetting             | <input type="checkbox"/> Emotional Disturbances | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Sickle Cell Trait/Disease        | <input type="checkbox"/> Special Dietary Regimen | <input type="checkbox"/> Dental Braces          | <input type="checkbox"/> Fainting         |
| <input type="checkbox"/> Motion Sickness                  | <input type="checkbox"/> Sleep Disturbances      | <input type="checkbox"/> Visual Impairment      | <input type="checkbox"/> Autism Spectrum  |

List any current physical, mental or psychological health conditions requiring medical treatment, special restrictions or considerations: \_\_\_\_\_

List any dietary restrictions or special considerations: \_\_\_\_\_

List any previous medical treatments, operations or serious injuries, provide dates: \_\_\_\_\_

## PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you **DO NOT** want you or your child to receive: \_\_\_\_\_

Do you take any medications?  NO  YES

If YES, list medication, dosage, and possible side effects.

MEDICATION	DOSAGE	POSSIBLE SIDE EFFECTS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** We cannot administer medication that is not in its original container, labeled by the pharmacy with the name, address, dosage and frequency. Please label with name and dosage any over-the-counter drugs - anti-histamines, vitamins, etc.

**PART VI: IMMUNIZATION HISTORY – REQUIRED** I am providing a list of all medical immunization with the health history form OR I attest that all immunizations for school are current.

Vaccines	Date: Month / Year	Date: Month /Year
Diphtheria, Tetanus and Pertussis- DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)		
Tdap Booster		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella		
Hepatitis B		
Tuberculin test given		
Other:		

List any condition that would limit full activity and in what way: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART VII: TREATMENT CONSENT**

This health history is correct as far as I know, and my daughter has permission to engage in all prescribed activities, except as noted by me and the physician. My daughter is in good health. I give permission for my daughter to receive treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be reached in an emergency, I give my permission for my daughter (state her name) \_\_\_\_\_ to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

\*All medications being taken are listed on the front of this form.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART VIII: RECORD OF HEALTH EXAMINATION**

To be completed **WITHIN 12 MONTHS** of camp attendance by a LICENSED PHYSICIAN- MD, PHYSICIAN'S ASSISTANT- PA, OR NURSE PRACTITIONER- NP ACTING UNDER THE SUPERVISION OF A LICENSED MD.

I have examined the above participant within the **past 12 months.** DATE OF EXAM \_\_\_\_\_

In my opinion, the above participant's condition  DOES or  DOES NOT preclude her participation in an active program.

Activities to be limited: \_\_\_\_\_  
 \_\_\_\_\_

The participant is under the care of a physician for the following conditions: \_\_\_\_\_  
 \_\_\_\_\_

Current treatment (including medications): \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Name of MD, PA, or NP: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date Signed \_\_\_\_\_

Doctor's Office Stamp or Address



**PERSONS AUTHORIZED TO PICK-UP MY CHILD**

NAME \_\_\_\_\_ CAMP \_\_\_\_\_

SESSION \_\_\_\_\_ PROGRAM \_\_\_\_\_ DATE \_\_\_\_\_

*The following persons are authorized to pick-up my child from camp or from the bus unloading. I understand that these people, including myself, will be asked to show identification to the staff member at check out. I understand that if someone who is not on the list attempts to pick up my child, the camp of Girl Scout office will contact me of the emergency contact listed on the front of the health form for authorization. I understand that Girl Scouts of Northern California will not release my daughter to anyone who is not authorized by me as the parent/legal guardian.*

Contact phone number: \_\_\_\_\_

**BEFORE CAMP:** Please list the authorized pick up people in this section (including parents):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**AT CHECK OUT / TIME OF PICK UP FROM CAMP OR BUS STOP:** Leave blank until pick up.

\_\_\_\_\_  
Authorized person sign here at time of pick up only.- PRINT NAME / SIGNATURE

Girl Scout Service Unit #103 - Sonoma Day Camp  
**C.I.T. Important Information**

**SECRET SISTERS**

You will be assigned a Secret Sister for the week once camp gets closer. We will give you a copy of the questionnaire that she filled out so you know some more information about her. Just a heads up that you will need to bring AT LEAST SIX (6) (one for each day Sunday-Friday) **inexpensive** items to give to your Secret Sister (small snacks, stickers, playful toys, etc.) Think dollar store type items that are safe and appropriate for camp. Then at camp you can write notes and make crafty items to also give her.

**THEME & DAILY DRESS-UP OPTIONS:**

Please check our website to learn what this year's camp theme is. We welcome and encourage C.I.T.'s to bring items they can use to dress up each day to match the theme – remembering that they must wear their unaltered camp t-shirt the whole time. Please start shopping now and planning ahead to bring some festive outfits and accessories to show your spirit!!!

**C.I.T. UNIT DECORATIONS**

If you have been to our camp before then you know the C.I.T. unit gets decorated. If you have cool ideas for decorations that we can use to make OUR OWN unit AMAZING – feel free to bring them. (we have the xmas lights covered). Please start shopping now and planning ahead to bring some festive decorations to decorate our C.I.T. unit!!!

**FOOD**

Please email me if you have special diet restrictions as we are doing the menu planning now.

**SPENDING THE NIGHT**

As C.I.T.'s you will spend the night beginning Sun through Friday. You will be excused after camp on Friday at **5pm – NO earlier** (that's is one hour after camp ends so you can clean up your own unit).

Wednesday you will have the night off to go home\* and shower at 4:15pm and then meet back up for dinner in Sonoma at the Marys Pizza in Boyes at 6pm before we go back to camp for an evening program with the Cadette campers.

*\*For the girls who live outside of Sonoma or Glen Ellen – we can help to make arrangements for you to partner and go home with another local girl on Wednesday for a shower before we meet back up for dinner.*

You will sleep in tents for the week – so you might want to bring air mattresses or foam to sleep on. **NO FOOD WILL BE ALLOWED IN TENTS.**

Below is a list of some of the extra items that you **NEED** to bring to have a successful week at camp. Make sure to gather these items ahead of time.

**WHAT TO WEAR**

A dress code has been implemented to ensure the comfort and safety of all Girls Scouts. A short-sleeve camp t-shirt\* will be included in the registration fee and provided to the girls on the first day of camp. C.I.T.'s will be expected to wear this camp t-shirt daily. At 4pm each day they will turn them into me (name written on tag with sharpie marker) and we will have them washed and returned to camp by 8am the next morning for them to wear clean each day. Alterations to the camp shirt will not be permitted. Girls may also wear long pants or shorts that hit just above the knee (NO "short-shorts" or bare shoulders). **Durable shoes with closed toes and laces and long socks are required** (i.e. sneakers or hiking boots – **No sandals, clogs, crocs or flip-flops**).

**\*\*Shorts must be of camp appropriate length. For example, with your hands at your sides, your shorts should be longer than your fingertips or you will be asked to change (No booty or short-shorts will be tolerated)**

Please bring sunscreen and insect repellent to wear daily.

After camp ends and campers have gone home daily at 4pm – C.I.T.'s will be allowed to change into tank tops if desired – closed toed shoes are still required. Flip Flops will be allowed in our unit at night after all camp activities are over to go from tent to biffy. For camp activities – like campfires at night, archery, etc – t-shirts socks and closed toed shoes will need to be worn.

**ELECTRONICS:** In general we would prefer these items be left at home – if C.I.T.'s want to bring them (cell phones, iPods, etc) – they can be checked in with us for the week and girls will occasionally be allowed 30 minutes in the evening to check in with FAMILY (not friends or facebook etc.). If you don't hear from your C.I.T. – don't worry she is just busy having fun and forgot to call. Please note - if we find these items in the tent – they will be taken for the rest of the week. There is no electricity at camp – so chargers, curling/flat irons etc are not needed. Phones should be in off mode when turned in to preserve battery.

## C.I.T. Packing List

### **PACKING LIST**

*Below is a list of items that are a **MUST MUST MUST** for every C.I.T. – please check everything off as you pack!*

1. **WATCH** - to tell time (you won't have your cell phone or iPod with you during the day time when campers are present – ALL C.I.T.'s **MUST** wear a watch everyday)
2. **BACKPACK** – All C.I.T.'s should have a backpack to use during the day. Counselors should be prepared for the campers in their unit and might need to carry items for their campers.
3. **SACK DINNER & DRINK** – a healthy dinner and drink is needed for Sunday night Dinner
4. **WATER BOTTLE** – durable and refillable - labeled with your name.
5. **CLIPBOARD** – Every PA should have a clipboard with a pen and sharpie attached to it
6. **T-SHIRT FOR TYE DYE**– Each C.I.T. needs to bring one white or light colored t-shirt that is 100% cotton for tye-dye. We will not have extras – so if you want to tye-dye you must bring an item to dye.
7. **BEACH TOWEL & BATHING SUIT** – you will need a beach towel for some activities – please bring one. Bathing suit if you want to hose off and get clean or cool off after camp.
8. **FLASHLIGHT or HEADLAMP** – it's dark out there at night.
9. **TALL CAMPING CHAIR** - You will need to bring your own outdoor chair to sit at a table with (not a low beach chair). Again this chair needs to be tall enough to eat at a table with.
10. **2<sup>nd</sup> CAMP CHAIR** – some of you might want to bring a second chair that can be left in the unit you are assigned to so that you do not need to carry your chair back and forth each time you come and go from our unit (lunch etc.)
11. **MEDICATIONS** – any medications you take need to be turned into the camp nurse in original containers.
12. **FEMININE SUPPLIES** – If it is at all possible that you might have/start your monthly cycle - PLEASE bring supplies. As a woman it is always smart to have these supplies with you just in case.
13. **SNACKS TO SHARE** – We ask that you each bring a selection of snacks or fun treats to keep in the unit snack box – these would be made available to share with all C.I.T.'s not just for you – so bring enough to share. No gum and no snacks that need refrigeration – think chips, trail mix, jerky, crackers, fruit snacks, etc.
14. **SHOES & SOCKS** – sturdy outdoor or sports shoes that tie WITH socks must be worn daily. Slip on shoes not really appropriate
15. **WARM LAYERS FOR NIGHTS** – it gets chilly at night – please bring warm PJs, sweatshirts, extra blankets!
16. **SECRET SISTER ITEMS** – remember: AT LEAST SIX (6) small, inexpensive, funny and creative
17. **EXTRA T-SHIRTS - DAILY** to wear after camp because we will be washing your camp t-shirt
18. **LAUNDRY BASKET** – just bring an empty laundry basket (larger one better) - you can even get a cheap one if the family needs all the ones you have in the garage. Don't ask – just pack it! It will come in handy!
19. **\*\*You may be contacted with additional items that are required – watch your email for more information**

### **OTHER GREAT ITEMS YOU MIGHT WANT TO BRING**

These items are suggestions to make your week more comfortable.

- **HAT/SUN GLASSES** – it will be sunny and warm out a hat is always a good idea, labeled with Campers name.
- **LAYERS/CLOTHES** – sweatshirt/jacket; extra shorts or long pants in backpack, all labeled with name. Gloves and hat for by campfire
- **CAMERA** – disposable camera is perfect – use a sharpie and write campers name on it. You will not be able to use your phone as a camera – so if you want to take pics you need to bring an actual camera.
- **HAIR TIES & HAIR CLIPS**
- **TOILETRIES** – tooth brush, tooth past, face wash, deodorant, soap, wash cloth, towel, sunscreen, bug spray
- **SLEEPING BAG / AIR MATTRESS / PILLOW / EXTRA BLANKETS** (could get cold at night)
- **SNACKS** – you can bring snacks or fun treats to keep in the unit snack box – these would be made available to share with all C.I.T.s not just for you – so bring enough to share.
- **OTHER:** other fun things to bring include: books to read, deck of cards, board games, etc.