



**CIT Application**

## CIT Teen Registration

Please have your teen complete this form.

**Name:**

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**Gender:**

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**Age and Grade (as of Fall):**

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**Street Address:**

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**City:**

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**State/Zip:**

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**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**School Name:**

---

**Town:**

---

**Legal Guardian's Name:**

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**Legal Guardian's Phone:**

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**Emergency Contact Name:**

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**Emergency Contact Phone Number:**

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## **CIT Application**

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Please have your teen answer these questions.

**What are your hobbies/things that you like to do?**

**What is your most favorite class in school and why?**

**What is your least favorite class in school and why?**

**Use three words to describe yourself.**

**Why do you feel you are a good fit for this role?**

## CIT Parent Registration form

Parents, please complete this section.

**Program Date (select ONE)**

- July 16 to July 19
- July 23 to July 26
- July 30 to August 2
- August 6 to August 9
- August 13 to August 16

Name of Student

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Grade (as of Fall 2018)

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Address / City / State / Zip

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Parent / Guardian name(s)

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Home Phone

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Cell Phone

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Email

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Emergency Contact name / relationship

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Phone

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A **non-refundable** deposit of \$500 is required in order to process each child's application. Final \$400 payment is due May 31.

Signature

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Date

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Total amount enclosed

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Credit card

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Expiration date

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We **require** a credit card number. It will be charged if payment is not received by May 31.