Sun Star Farm Camp 2017 Counselor Application

First Name	Last Name	D.O.B// M /F
Address		
Cell Phone	Home Phone	Email
Emergency Contact #1	Cell	Relation
Emergency Contact #2	Cell	Relation
Medical information that He	idi needs to know for emerge	encies:
This information	tion is confidential (Heidi and	Asst. Director would know)
efforts will be made to give a work.	applicants desired weeks. Ple	ars are 8:15am – to 3:30pm each day. Al ase indicate the weeks you are able to the sers (ages 2.5 – 4.5) or both
Training Dates: July 7-9 (mu	ust attend)	
Week #1: June 12-16 Week #2: June 19-23 Week #3: June 26-30 Week #4: July 3-7 Week #5: July 10-14 Week #6: July 17-21 Week #7: July 24-28 Week #8: July 31-Au Week #9: Aug 7-11 Week #10: Aug 14-18	Fairies & Gnomes Pioneers & Gem Min Family Camp Week – Critters Fairies & Gnomes Ponies g 4 Bunnies, Guineas & F Goat & Sheep (Fiber	- Food Art Piggies
Please indicate if you would	like to apply for extended ho	urs as well. 3pm – 5:30pm Y/N
This application must be em 2017 to be considered.	ailed as a pdf to <u>Heidi@sunsta</u>	arfarmchildrensnursery.com by April, 1
Signature of Applicant		