✨ SPARKS DAY CAMP

Camper & CIT Application

One application for both campers and Counselors-in-Training (CITs). CITs are campers too — the only difference is tuition. Please print clearly and complete every required field (marked *).

Applicant Name: _____ Date: _____

Program & Tuition

Which program are you applying for? *

☐ Camper (ages 5/6–12) ☐ CIT — Counselor-in-Training (ages 13+)

Which session are you applying for? *

☐ Full Summer ☐ First Half (July) ☐ Second Half (August)

Session	Camper	CIT
Full Summer	**$5,500**	**$2,750**
Half Summer — First Half (July)	**$3,200**	**$1,600**
Half Summer — Second Half (August)	**$3,200**	**$1,600**

CIT tuition is **half the camper rate** for the same session. A $1,000 non-refundable deposit (applied to tuition) secures your spot upon acceptance.

Part 1: Basic Info

Camper First Name *

Camper Last Name *

Mother's First Name *

Mother's Last Name *

Mother's Email (used for your parent login) *

Primary Phone

Father's First Name

Father's Last Name

Father's Email

Other Contact First Name

Other Contact Last Name

Other Contact Email

Home Address *

Where do you live? *

☐ Brooklyn ☐ Queens ☐ Far Rockaway ☐ 5 Towns ☐ Other

Do you need transportation? *

☐ Yes ☐ No

Camper's Gender *

☐ Boy ☐ Girl

Child's Date of Birth *

____ / ____ / _____

Child's Age *

Current School / Program

Grade Completing (Spring 2026)

List previous schools, if applicable

Teacher / Rebbe's Name

Teacher's Contact Information

Which Shul does your family Daven at?

Name of family Rav

Phone number of family Rav

Reference (Someone Who Knows Your Child Well)

Part 2: About the Camper

Diagnoses (if any)

What are your child's strengths and passions? *

What are your child's biggest challenges?

How does your child do in social settings?

Is your child struggling with anything socially, emotionally, or behaviorally? (If yes, please elaborate)

Does your child have allergies?

☐ Yes ☐ No ☐ Other

If yes, please describe the allergies

Does your child take any medications?

☐ Yes ☐ No

If yes, please list each medication name, dose, and time of day

What is your goal for your child's participation?

What are some special interests, talents, or hobbies that your child has?

Does your child receive OPWDD?

☐ Yes ☐ No

Does your child receive HCBS?

☐ Yes ☐ No

If yes, please provide the name of the agency

Does your child receive ABA services?

☐ Yes ☐ No

If yes, please provide the name of the agency

Ideally, would you like those services to continue during the summer?

☐ Yes ☐ No

Has your child received any diagnoses (e.g., ADHD, ASD, anxiety, or other learning, social, behavioral, medical, or developmental conditions) that would help us better understand your child and support them at SPARKS?

☐ Yes ☐ No

If yes, please elaborate as much as possible, including any diagnoses and the professional(s) who made them

Does your child currently work with any professionals, such as a social worker, therapist, psychiatrist, or BCBA?

☐ Yes ☐ No

Type of Therapist (if applicable)

Therapist name(s) (if applicable)

Therapist contact information (if applicable)

Do you give us permission to contact this Therapist and speak about your child? (if applicable)

☐ Yes ☐ No

Are you comfortable carpooling your child to camp?

☐ Yes ☐ No

If yes, are you available in the morning or afternoon?

☐ Morning ☐ Afternoon ☐ Both

Are you comfortable having your child driven by another parent?

☐ Yes ☐ No

Who is the contact if you won't be home when carpool is happening? (Name & phone number)

Part 3: Skill Ratings

For campers. CIT applicants (13+) may skip to the CIT Leadership section.

On a scale of 1 to 5, how well does your child engage in group activities with peers? *

1 2 3 4 5

How would you rate your child's ability to make and maintain friendships? *

1 2 3 4 5

1 = Struggles significantly, 5 = Easily forms and keeps friendships

How does your child handle redirection? *

1 2 3 4 5

1 = Does not handle it well, 5 = Responds positively and adapts

How comfortable is your child initiating conversations or engaging socially with peers? *

1 2 3 4 5

1 = Very hesitant, 5 = Confident and proactive

How well does your child follow social cues (e.g., sharing, taking turns, respecting boundaries)? *

1 2 3 4 5

1 = Struggles significantly, 5 = Very skilled

How likely is your child to stay with their group and follow the group plan? *

1 2 3 4 5

1 = Often wanders or avoids the group, 5 = Consistently follows the group

How often does your child display aggressive or unsafe behavior (e.g., hitting, throwing)? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

How well does your child handle changes in routine or unexpected transitions? *

1 2 3 4 5

1 = Finds it very difficult, 5 = Adapts easily

How would you rate your child's ability to stay calm in frustrating situations? *

1 2 3 4 5

1 = Often escalates, 5 = Manages frustrations well

How independently does your child resolve minor conflicts with peers? *

1 2 3 4 5

1 = Needs significant adult support, 5 = Resolves conflicts on their own

How well does your child thrive in a structured and supportive environment? *

1 2 3 4 5

1 = Struggles with structure, 5 = Thrives with structure

How willing is your child to try new activities or step out of their comfort zone? *

1 2 3 4 5

1 = Very resistant, 5 = Open and eager

How much support does your child need to participate successfully in group activities? *

1 2 3 4 5

1 = Requires significant one-on-one support, 5 = Independent with minimal support

How well does your child balance listening to others and sharing their own ideas in a group setting? *

1 2 3 4 5

1 = Often dominates or avoids participating, 5 = Balances well

How would you rate your child's ability to manage emotions in a group setting? *

1 2 3 4 5

1 = Struggles significantly, 5 = Self-regulates effectively

How likely is your child to ask for help when they need it? *

1 2 3 4 5

1 = Rarely asks, 5 = Frequently self-advocates

How independently does your child manage personal tasks (e.g., putting away belongings, getting ready)? *

1 2 3 4 5

1 = Needs frequent reminders, 5 = Handles tasks independently

On a scale of 1 to 5, how independently can your child get dressed? *

1 2 3 4 5

1 = Not at all, needs full assistance; 5 = Fully independent

How often does your child require adult support to complete age-appropriate tasks? *

1 2 3 4 5

1 = Always, 5 = Rarely or never

How well does your child handle transitions between activities or settings? *

1 2 3 4 5

1 = Finds transitions very difficult, 5 = Adjusts quickly and easily

How much do you feel your child could benefit from extra social support? *

1 2 3 4 5

1 = Not at all, 5 = Very much

How comfortable are you with your child being part of a structured, group-focused program? *

1 2 3 4 5

1 = Not comfortable, 5 = Very comfortable

How often does your child get into trouble at school? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

How often is your child sent out of the room at home, school, or other activities due to behavior? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

How often does your child get into trouble at home? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

How does your child respond when another child annoys them or invades their personal space? *

1 2 3 4 5

1 = Reacts poorly, 5 = Responds calmly and appropriately

How often does your child annoy or bother peers intentionally? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

How would you rate your child's ability to control their impulses (e.g., blurting out, grabbing items)? *

1 2 3 4 5

1 = Struggles significantly, 5 = Displays strong self-control

How does your child engage in non-preferred or less exciting activities? *

1 2 3 4 5

1 = Avoids or resists, 5 = Completes willingly with minimal support

How often does your child experience meltdowns? *

1 2 3 4 5

1 = Frequently, 5 = Rarely or never

Part 4: Final Questions

If your child becomes overwhelmed or has meltdowns, what does that usually look like for them?

If yes, what are common triggers, and what usually helps your child calm down?

Are there any behaviors or challenges you would like us to know about so we can better support your child?

Does your child have any unique quirks, preferences, or strategies that help them thrive (e.g., favorite sensory tools, routines, motivators)?

Is there anything your child struggles with that we haven't covered in this application?

🔥 What is your greatest hope for your child's experience at SPARKS this summer? 🔥

How did you hear about us?

Comments

Part 5: CIT Leadership Program

*Complete this section **only if applying as a CIT** (Counselor-in-Training, ages 13+). CIT applicants complete Parts 1–2 and this section; the skill-rating section (Part 3) is optional for CITs.*

Applicant Email (if any)

Applicant Phone (if any)

T-Shirt Size *

☐ YS ☐ YM ☐ YL ☐ YXL ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

Grade (entering Fall 2026) *

Describe any experience working with or caring for children *

Why do you want to be a CIT at SPARKS Day Camp? *

Describe a time you showed leadership or helped someone *

Special Skills, Interests, or Hobbies

Availability for Summer 2026 *

Any allergies, medical conditions, or special needs we should know about?

Reference — Full Name (teacher, coach, or mentor) *

Relationship *

Reference — Phone

Reference — Email *

Anything else you'd like us to know?

FOR OFFICE USE ONLY

Date received

Reviewed by

Program (Camper / CIT)

Status