KinderCamp Counsellor Application Form: 2023 83 Green Lane Thornhill L3T 6K6

ATTACH A COPY OF YOUR RESUME WITH THIS APPLICATION

First N	ame:	Last Name:			
Addre	ss:				
		Postal Code:			
Email .	Address:				
Phone	Number: ()	_ Cell Phone	e: (
		Birthday: (dd/mm/			
	Attending (if applicable):				
	Insurance Number:				
-	yment History:				
	us experience with children:				
1					
2					
	sts:				
wny w	vould you like to work at KinderCa	mp:			-
		Preferences:			_
Age: I	Please check off one box in each				
	18 months				
	2 year olds				
_	•		9:00 –	1:00 (Half Day)	
	3 year olds		9:00 –	3:30 (Extended Program)	
<u> </u>	4 year olds			3:30 (Full Day)	
Ц	5 year olds	<u> </u>			
<u>Sessio</u>	ns: Priority will be given to those who i	intend to stay for the er	ntire sumr	ner	
	1 st Session: July 4 – July 29				
	2 nd Session: August 2 – August 25				
	Full summer: July 4 – August 25				
Job Ti	tles: Number according to preference				
	Camp Counselor				
	ECE Teacher				
ا 🗖	Lead Teacher				
	Chef's Assistant				
	Assistant Teacher				
	Activity Director				
	attach a copy of your updated Im new applicants, please include 2 r			one #, relationship)	
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Please email completed form together with resume to kindercamp@chabadmarkham.org