If your child is 12-14 years old they cannot be interns by law, but we believe a student that finished 6th grade can demonstrate many abilities and learn so much with real life skills built in a summer camp setting.

The goal of Sit and Kit’s Summer Camp is to provide teaching art experience to aspiring artists. Partners become part of our teaching team by helping the instructors. They assist in various art lessons by working alongside with appropriate and willingness to do the project. They assist campers who are having difficulty and lead by example. Each partner will be assigned a group and will assist the teacher of that class with classroom management, including behavior. They also help camp staff supervise non-art activities including lunch, snacks and recreation periods.

Although Partnering is a fun experience, it requires hard work and dedication. Partners will be expected to be dependable and accountable to the Sit and Kit staff. They will need to be available for at least 3 days of camp (Mon-Friday with the at least 4 hours a day, Thursdays is mandatory at least 6 hours.

All partners will need to undergo a training day in May, 2-3 slots are open for every week and decisions on candidates will be made May 1st.

We cannot hire unpaid or paid interns by law to anyone under the age of 14 so we charge a $150 fee to be in this learning environment.

We encourage parents to reward their child for their hard work in our studio, this will help their sense of pride, and it will teach them the value of their work and will motivate them.

Thanks you for supporting your child’s creativity and artistic journey.

Fill out this form and turn it in to [info@sitandkit.com](mailto:info@sitandkit.com)

Partner APPLICATION FORM

NAME OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_

GRADE IN Fall 2025:\_\_\_\_\_

NAME(S) OF PARENT(S)/GUARDIAN(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ PARENT’S WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

APPLICANT’S CELL: (\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ PARENT’S CELL: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT IF PARENT/GUARDIAN(S) NOT AVAILABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

NAME(S) OF ADULTS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK YOU UP FROM CAMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION: DO YOU SUFFER FROM ANY CONDITION OR ILLNESS THAT WILL REQUIRE SPECIAL ATTENTION OR MEDICATION? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_.

IF YOU CHECKED YES, PLEASE DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU BE BRINGING ANY MEDICATION WITH YOU? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

IF YES, PLEASE LIST MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU RESTRICTED FROM PARTICIPATING IN ANY PHYSICAL ACTIVITIES? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

PLEASE LIST RESTRICTED ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant permission for my child to participate in all of the activities of the Sit and Kit summer Camp (JUNE 23rd-August 29th). I understand photos and audio/video recordings of my child may be taken in the course of normal camp activities and may be used for promotional materials (both print and online). My child is physically able to participate in all aspects of the activities (except for those listed above). I hereby release the Sit and kit and its employees and those who will be working with the students from any liability in the event of illness, injury or loss occurring to my son/daughter or their personal belongings and will make no claim as a result thereof.  
 I hereby give permission for my child to be medically treated, as deemed necessary by the staff involved in the Sit and Kit Summer Camp. I hereby authorize any licensed medical person or facility to treat my son/daughter.   
I agree to assume full financial responsibility for any medical services provided.   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write why you would want to join Partnering with Sit and Kit:

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Recommendations from an adult (not parent)

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