Community Name

APPLICATION TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN_cis

Anyone operating a day or overnight camp for children or advertising as a children's camp must have a current Recreational Camp for Children Permit from the Board of Health that must be posted at all times.

BUSINESS CONTACT INFORMATION								
Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.								
*Applicant/Requester			*Property Owner					
*Business Name			*Site Address					
*Mailing Address			Assessor Map/Lot #					
*Phone Fax			*24/7 Contact Person					
*E-mail			*24/7 Phone					

CAMP INFORMATION

Note: Changes to any of this information must be approved by the Board of Health.								
*Type of Camp Check all that apply	□ Day □ Overnight □ Residential □ Sports □ Primitive or Trip □ Adult Camps/Retreats, must also complete Lodging Application	*Maximum size for the season	□ Small 1-25 □ Medium 26 - 100 □ Large 1 500 □ Extra Large 501 +					
*Operating Period	Seasonal Annual Intermittent	*Operating Dates	Start:	End:				

CAMP DIRECTOR INFORMATION

Note: If Camp Director is not yet known, application can be processed but final permit cannot be issued.								
*Camp Director		*Cell Phone		*Age				
*Experience								
*Camping Admin. Education								
Night Supervisor, if applicable		Cell Phone		Age				
Other Senior Admin Staff		Experience/Training		Age				

FACILITY INFORMATION

Note: If this is a new camp, attach a site plan as well.												
*Drinking Water	Public Private (attach water test:430.300			Ice Supplie	e Supplier 🛛 Vendor				□ Ice Machine			
*Sewage Disposal	D Public	Private Onsite Portable Toilets			*Garbage/Trash		Contractor Transfer Stati			^r Station		
*Toilets#		Showers #		*Pool E		□ Yes, Pool Application		lication	*Beach 🛛 Yes, Beach Appl			
*Food Served?	□ No □ Breakfast □ Lunch □ Dinner □ Snacks			□ Food Applica. *I		*Licensed Kitchen		n	□ Yes, Permit Attached			
*Refrigeration	n 🛛 None (ice) 🗆 Refrigerators 🗆 Walk-ins			Grease Disposal Transfer Station		on 🗆 Co	Contractor, specify_					
Air Conditioning	□None □ Partial □ Yes, includes kitchen				Back-up Power None Partial			ial 🗆 Ye	□ Yes, total			
*CofOccupancy430.451 INone Approved by Building Inspector			Fire Insp 43	0:215	15 None Approved by Fire Department				ıt			
SESSION INFORMATION												
Note:	completed C	ORI checks m	ust be availa	ble at the can	np for all stat	ff and v	olunt	eers before	each ses	sion	begins.	
Per Session	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5		N 6	SESSION 7		8	SESSION 9	SESSION 10
Beginning Date												
Max.# Campers												
Age of Campers												
Hours of Operation												
Min.# Counselors												
Age of Counselors												
# CORI Checks												

SPECIAL PROGRAM INFORMATION Note: Must complete for each special program. Check all that apply and provide complete details. May attach additional information.										
	Instructor	Certifications/Lis	sc. E	xpiration Date	Lisc/C	ert Issued By	Equipment/Facilities			
□ Swimming										
□ Boating										
□ Firearms										
□ Horseback Riding										
Climbing/Ropes										
□ Special Needs										
MEDICAL REQUIREMENTS										
Note: Health Care Consultant is responsible for all applicable activities as specified in 105 CMR 430, section 159 and 160.										
	Name	Address		Phone			alifications			
*Health Care Consultant	t									
*Onsite Medical Staff										
Onsite Medical Staff										
*Complete Medical Re	cords for all Campers and Staff mu	st be available for in	spections	at the camp be	fore op	ening day.				
	ADDITIONAL	REQUIRED DOO		TS AND PLA	NS					
Note: 105 CMR 430:0	00 sets minimum standards tha	t include the follow	wing docu	uments which	must	be attached.				
*List of staff who	supervise children. This include	s junior counselor	s and acti	ivity staff						
🗆 *Written procedu	res for review of staff backgrou	ind checks		-		105 CMR 43	0.090			
	otional materials and literature					105 CMR 430.190 (C)				
*Procedures for results	eporting suspected child abuse	or neglect				105 CMR 430.093				
	□ *Health Care Policy 105 CMR 430.159(B)									
*Discipline Policy		105 CMR 430.091								
*Fire Evacuation Policy – must be approved by the local Fire Department 105 CMR 430.210(//										
*Emergency/Disaster Plan 105 CMR 430.210(B)										
*Lost Camper Plar	1					105 CMR 43	0.210(C)			
Lost Swimmer Pla	an if swimming is an activity					105 CMR 43	0.210(C)			
*Traffic Control Pl	an					105 CMR 430. 210(D)				
Day Camp Conting	gency Plan					105 CMR 430.211				
	Fravel Camp Activity – Written	Plan including itine	erary, em	ergency care,		105 CMR 430.212				
contingencies										
		FEES								
1. Basic Fee must acco	mpany application and is not refun	idable or transferrab	ole. Call fo	r current Fee S	chedule	2.				
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.										
	d after December 1 or less than 60					te fee of \$50 fo	or each week late.			
□*Basic Fee	\$ 250		Late Fee	\$5						
□ Additional Fees	\$		Total Fee	Paid \$						
AGREEMENT										
 *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law. *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law. 										
*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.										
SIGNATURE										
-	that the information provided is tr	ue, I am 18, the owr	ner of the e							
Name/Title	ive/agent with authority to apply f			oard of Health oplication:	access 1	or inspections	as allowed by law.			