

State of New Jersey
Department of Human Services
Division of Family Development
 Child Care Subsidy Program

NEW JERSEY CHILD CARE SUBSIDY YOUTH CAMP REGISTRATION FORM

County: _____ **Owner Name:** _____

Name of Camp: _____

Camp ID#: _____ **EPICC ID#:** _____ **OOL License #:** _____

Program Director Name: _____ **Title:** _____

Site Address: _____ **City/Town:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

- Please check this box if your camp season is Summer only
- Please check this box if you provide a camp program during School or Holiday Breaks
- Please check this box if you operate another child care program during the School Year
- Please check this box if you currently have an Office of Licensing (OOL) Child Care Center License for Summer 2018

1. Is your camp located at a park? Yes No

2. How many years have you operated a summer youth camp under the NJ Department of Health's Youth Camp Safety Act:

3. Will you be applying for a new youth camp license or a renewal camp license for summer 2018? New Renewal

4. Have you ever had a youth camp licensing application denied? Yes No

5. Have you had a youth camp license revoked within the past three years? Yes No

6. Have you reported any serious injuries or fatalities in 2016 and/or 2017 to the NJ Department of Health? Yes No

7. If your program was in operation during the summer of 2017, did you submit to the NJ Department of Health, your program's CB15 Form by the required due date (September 2017)? Yes No

8. Did you incur any penalties from the NJ Department of Health with the last two years? Yes No

9. Was your program cited for any violations by the **public** Board of Health within the last two years? Yes No

10. Were you required to submit a corrective action plan within the last two years to either the NJ Department of Health or the local Health Department? Yes No

Please list all high risk activities as defined by N.J.A.C. 8:25 that you will be offering:

Please check if you have written policies for the following:

Emergency/Disaster Policy & Procedures Transportation Policies Immunization Policies

Please include with this application: Copy of Liability Insurance Copy of Current Fire Certificate

Letters of Approval or a Certificate of Occupancy issued by the appropriate local authority