



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

**CAMP APPLICATION**

<b>County:</b>		<b>Owner Name:</b>	
<b>Name of Camp:</b>			
Camp ID#:	EPICC ID#:	OOL License #:	
Program Director Name:		Title:	
Site Address:		City/Town:	Zip Code:
Phone:	Fax:	Email:	
Please indicate your Camp's season of operation: <input type="checkbox"/> Summer only <input type="checkbox"/> Full Year			
1. Is your camp located at a park? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2019? <input type="checkbox"/> New <input type="checkbox"/> Renewal			
4. Have you ever had a youth camp licensing application denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Have you had a youth camp license revoked within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you reported any serious injuries or fatalities in 2017 and/or 2018 to the NJ Department of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. If your program was in operation during the summer of 2018, did you submit to the NJ Department of Health, your program's CB15 form by the required due date (September 2018)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Did you incur any penalties from the NJ Department of Health with the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Was your program cited for any violations by the <b>public</b> Board of Health within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Please list all high risk activities as defined by N.J.A.C. 8:25 that you will be offering:</b>			
<b>Please check if you have written policies for the following:</b>			
<input type="checkbox"/> Emergency/Disaster Policy & Procedures <input type="checkbox"/> Transportation Policies <input type="checkbox"/> Immunization Policies			
<b>Please include with this application:</b> <input type="checkbox"/> Copy of Liability Insurance <input type="checkbox"/> Current Copy-Fire Certificate			
<input type="checkbox"/> Letters of Approval or a Certificate of Occupancy issued by the appropriate local authority.			

\_\_\_\_\_  
 Signature Required

\_\_\_\_\_  
 Date

Please submit your completed application *and* all required documentation to DHS/DFD, Office of Child Care:  
 via Email: [DFD.Childcare@dhs.state.nj.us](mailto:DFD.Childcare@dhs.state.nj.us) or Fax 609-588-3051