



State of New Jersey
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF FAMILY DEVELOPMENT
 CHILD CARE SUBSIDY PROGRAM

2019 Summer Youth Camp Application

County:		Owner Name:	
Name of Camp:			
Camp ID No.:		EPPIC ID No.:	OOL License No.:
Program Director Name:		Title:	
Site Address:		City:	Zip Code:
Phone:	Fax:	Email:	
Please indicate your camp's season of operation: <input type="checkbox"/> Summer only <input type="checkbox"/> Full Year			
Is your camp located at a park? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many years have you operated a summer youth camp under the NJ Department of Health's Youth Camp Safety Act:			
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			
Have you ever had a youth camp licensing application denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had a youth camp license revoked within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did 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			
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			
Did you incur any penalties from the NJ Department of Health with the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your program cited for any violations by the public Board of Health within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
Please list all high risk activities as defined by N.J.A.C. 8:25 that you will be offering:			
Please indicate if you have written policies for the following:			
<input type="checkbox"/> Emergency/Disaster Policy & Procedures <input type="checkbox"/> Transportation Policies <input type="checkbox"/> Immunization Policies			
<u>Please include with this application:</u>			
<ul style="list-style-type: none"> • Copy of Liability Insurance • Current Copy-Fire Certificate • Letters of Approval or a Certificate of Occupancy issued by the appropriate local authority 			

Program Director Signature

Date

Please submit your completed application and all required documentation to the DHS/DFD, Office of Child Care via email: DFD.Childcare@dhs.state.nj.us or fax: 609-588-3051