



**Town of Barnstable
Inspectional Services
Public Health Division**

Permit Fee:

\$75.00

Thomas McKean, Director
200 Main Street, Hyannis, MA 02601

Fax: 508-790-6304

Office: 508-862-4644

**APPLICATION FOR A LICENSE TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN**

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes _____ No _____ (If yes: Pool Permit Number _____)

Bathing Beach: Yes _____ No _____

Meals Provided: Yes _____ No _____ (If yes: Food Permit Number _____)

Signature of Applicant: _____

Official Title: _____ Date: ____/____/____

See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.

Q:\CAMPS\Application.doc

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached) (**SORI/CORI With Juvenile checks**)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and wastewater

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: ___ / ___ / _____

American Red Cross CPR Certificate: _____

Expiration date: ___ / ___ / _____

American First Aid Certificate: _____

Expiration date: ___ / ___ / _____

Previous aquatics supervisory experience: _____

Firearms Instructor

Name: _____

National Rifle Association Instructor's card (or equivalent): _____

_____ Date certified: ___ / ___ / ___ Expiration date: ___ / ___ / ___

Horseback Riding Instructor

Name: _____

License Number: _____ Expiration date: ___ / ___ / ___

Stable

Location: _____

Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

Supervisory Staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

**TOWN OF BARNSTABLE
PUBLIC HEALTH DIVISION
200 MAIN STREET
HYANNIS, MA 02601
508-862-4644**

RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM

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MANDATORY

Please **complete entire** form below, as well as the camp application, and mail with payment.
Thank you.

RECREATIONAL CAMP INFORMATION

Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	State: Zip:
Off-Season Address:	City:	State: Zip:
Type of Camp:	<input type="radio"/> Residential <input type="radio"/> Day <input type="radio"/> Sports <input type="radio"/> Other (specify):	
#Staff per season:	# Volunteers per season:	# Campers per season:
Health Care Consultant Name:	License/ Registration #	

430-LBOH-Rec
Camp-Reporting Form-
Rev 8-2012 (partial)

ENCLOSURE