



2022

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Application Status: Renewal / New
(Circle one)

Business Name: _____ Tel. No. _____

Business Address: _____ Mailing Address: _____

Owner/Corporation Name: _____ EMAIL: _____

Contact Name: _____ Contact Phone: _____

REQUIRED DOCUMENTS TO BE SUBMITTED ALONG WITH COMPLETED APPLICATION

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)
- 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 plans (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 form 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)
- Attach names, ages, applicable, current certifications (if any), such as First Aid, and the necessary anticipated role at the camp of all supervisory staff.

Important: Under Chapter 152, Section 25c, Subsection 6, you must complete the attached Workers Compensation Insurance Affidavit Form and return it with this completed application.

Checks are to be made payable to the **Town of Sandwich** for \$50.00.

Signature of Applicant: _____

Official Title: _____ Date: _____

Camp Checklist:

Type of Camp: Day: _____ Residential: _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes: _____ Pool Permit #: _____ No: _____

Bathing Beach: Yes: _____ No: _____

Meals Provided: Yes: _____ Food Permit #: _____ No: _____

Camp Director:

Name: _____

Age: _____

Coursework in camping administrative: _____

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: _____
(Per MGL Ch. 128, Sec. 2A)

Stable:

Location: _____

Licensed in accordance with MGL Ch. 111 Sec. 155, 158, and Sandwich Board of Health Stable Regulations:

Yes: _____ No: _____ BOH Stable Permit Number: _____
