



APPLICATION TO OPERATE A RECREATIONAL CAMP

Recreational Camp for Children means any day, primitive or outpost, residential, travel, or trip camp on private or public land which is conducted wholly or in part for recreational or instructional purposes and accommodating for profit or for philanthropic or charitable purposes five or more children who are not members of the family or personal guests of the operator and is operated for any period of time between June 15 and September 30 of any year or not more than 14 consecutive days during any other time of the year.

Recreational Camp for Children shall also mean any program or activity which is promoted or advertised as a recreational camp for children regardless of whether such program or activity is carried out at a school, playground, resort, hospital, wilderness area, government land or other place not primarily designed for or used as a recreational camp for children.

Provided that it is not promoted or advertised as a recreational camp for children, none of the following shall be deemed to be a recreational camp for children: a child care program holding a current license from the Office of Child Care Services, an instructional program operated for two hours or less daily; a summer school program when the curriculum is offered for academic credit and is taught by a Massachusetts State Department of Education certified teacher; single-purpose classes, workshops, clinics or programs sponsored by municipal recreational departments, or neighborhood playground designed to serve primary play interests and needs of children, as well as affording limited recreational opportunities for all people of a residential neighborhood, whether supervised or unsupervised, located on municipal or non-municipal property, whether registration is required or participation is on a drop-in basis.

I _____, hereby apply to the Framingham Department of Public Health to operate a:

- | | | | |
|--|--------------|------------------------------|--------------|
| <input type="checkbox"/> Recreation Camp | FEES: | Less than 50 campers | \$100 |
| <input type="checkbox"/> Primitive or Outpost Camp | | 51 – 150 campers | \$150 |
| <input type="checkbox"/> Residential Camp | | More than 151 campers | \$200 |
| <input type="checkbox"/> Travel or Trip Camp | | | |

with the name of _____, located at _____ Framingham, MA. The telephone number at this camp is (508) _____.

⇒ Please describe camp program(s) _____

The camp will have the following:

- | | |
|---|--|
| <input type="checkbox"/> Bathing Beach | <input type="checkbox"/> Boating Program |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Riflery Program |
| <input type="checkbox"/> Archery Program | <input type="checkbox"/> Playing Field |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Meals for Staff | <input type="checkbox"/> Meals for Campers |

Dates and Hours of Operation _____

⇒ Do any vehicles transport campers or staff members?

⇒ Is there a private water supply? If so, this water must be tested as required by 310 CMR 22.00 drinking water regulations and results included with this application.

Name of Director _____

Name and address of Health Care Consultant (Physician, Nurse Practitioner or Physician Assistant with pediatric training) _____

⇒ Include copy of health care consultant agreement and health care policy with this application

Number of staff _____ Volunteers _____

Rodent and Insect Control program provided by _____

(Phone) _____

Solid waste disposal is provided by

(Phone) _____

I have read and complied with The Minimum Safety Standards For Recreational Camps For Children, State Sanitary Code, Chapter IV

Signature _____

Date _____

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

Corporate Officer (if applicable)

by _____

When issued, send copy to:
Executive Office of Health and Human Services
Dept. of Public Health
Division of Community Sanitation
305 South Street
Jamaica Plain, MA 02130-3597