



Department of Health
Environmental Health

SUMMER DAY CAMP APPLICATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK. Once completed return the form to The Department of Environmental Health Office, 6 Hermitage Road, Devonshire FL 02

CENTRE NAME:

Address:

Parish:

Postal Code:

Owner/Operator:

Telephone:

Mailing Address:

Parish:

Postal Code:

STAFF:

Person in Charge:

Deputy:

Staff:

CPR CERTIFIED STAFF:

DRIVER(S) OF VEHICLE:

Note; Driver of vehicle = designated driver of After School Care Vehicle

Driver:

Vehicle Make:

Licence No.

MAINTENANCE STAFF:

Notes: Maintenance Staff i.e.: cleaners, cooks etc

TOTAL NUMBER OF CHILDREN ENROLLED:

Ages :

4yrs - 6yrs	7yrs - 9yrs	10yrs - 12yrs

PROGRAMME/ACTIVITIES:

SPECIAL SERVICES PROVIDED:

POLICIES IN PLACE:

Transportation:	YES	NO
Insurance Policy:	YES	NO
Food:	YES	NO
Emergency Plan:	YES	NO
Discipline Policy:	YES	NO
Open Door Policy for Parents:	YES	NO
Written Discipline Policy	YES	NO

Hours of Operation:

From:

To:

Signature

MM/DD/YY