



Town of Sturbridge — Board Health



Public Health
Prevent. Promote. Protect.

Application For A License To Conduct A Recreational Camp For Children

Fee \$50.00

Check to be made payable to: The Town of Sturbridge

Name of Camp: _____
Site Address: _____
Site Telephone: _____

Name of Camp Owner: _____
Office Address: _____
Telephone Number: _____ Email: _____

Name of Camp Operator (if different): _____
Address: _____
Telephone Number: _____ Email: _____

Name of Health
Care Consultant: _____
Address: _____
Telephone Number: _____ Email: _____

Type of Camp: Day _____ Residential _____ Sub-Type: Sports: _____ Other: _____
Hours of Operation: _____
Dates of Operation: Opening: _____ Closing: _____

No. of staff: _____ No. of volunteers: _____ No. of campers: _____

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

Bathing Beach: Yes _____ No _____

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

Social Sec #/Federal ID # Signature of Applicant and 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.**



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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 & camper information forms, including up-to-date immunization certifications
- Procedures for the background review of staff CORIS & SORIS required (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 waste water



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Camp Director Name: _____

Age: _____ Phone: _____ Email: _____

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: _____ Phone: _____ Email: _____

Health Supervisor

Name: _____

Age: _____ Phone: _____ Email: _____

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

Aquatics Director (N/A) Circle if *Not Applicable*

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 (N/A)

Name: _____

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

Date certified: _____ Expiration date: _____



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Horseback Riding Instructor (N/A)

Name: _____

License Number: _____ Expiration date: _____

Stable (N/A)

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 form.

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.