



DHS-CAMP-R

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services
Licensing & Regulatory Services

CHILDREN'S CAMP REGISTRATION

I. Name of Facility: _____
Street Address: _____
Mailing Address: _____
Telephone: _____

FOR USE BY DHS ONLY

Registration Date _____

Date Approved _____

Date Denied _____

Direction to Facility: _____

Check Type of Facility:

Church

Proprietorship

Public Agency

Commercial

Partnership

Corporation

II. Operator/Director: _____ Person Responsible: SS#: _____

1. Name: _____
Last First M.I. Res. Phone

Mailing Address: _____
Bus. Phone

Residence: _____

III. Type of Operation

1. Full Day Half Day Over Night Other (Specify) _____

2. Hours of Operation: From _____ to _____ Days per Week: M T W T F S S
(Circle each day open)

3. Description of Services/Program: Recreational Cultural Sports
 Other (Specify) _____

4. Proposed Capacity:

Total Number of Children (Include children of operation and staff) _____

Minimum Age _____ Maximum Age _____

Number of staff (Full-time) _____ Part Time _____

5. Camp Fees – Monthly Fee (Indicate any variations in established fee, for example, for more than one (1) child in same family)

Registration Fee (if any) \$ _____ Insurance Fee (if any) \$ _____

6. Camp Dates: Starting: _____ Ending: _____

IV. 1. Attachments – Attach a Copy Of

All forms, brochures, etc. to be used

Schedule of activities

V. I certify that I have not been convicted of a crime involving child abuse, child neglect or moral turpitude, and have not hired any person with aforementioned conviction to work at the camp.

I have received a copy of the Virgin Islands Rules and Regulations for Children's Camps and agree to operate my camp in accordance with these regulations.

Signature

Date

Signature of Licensing Specialist

Date