



TOWN OF BROOKLINE

DEPARTMENT OF PUBLIC HEALTH

11 Pierce St, Brookline, MA 02445
 Telephone: (617)-730-2300 - Facsimile (617) 730-2296
 Website: www.brooklinema.gov/health

Office Use Only

Date Rec'd _____
 Amt Paid _____
 Check# _____
 San Appr _____
 Chief Appr _____
 Permit # _____

Fill out application and submit with fee* to Brookline Health Department, 11 Pierce Street, Brookline, MA 02445. Check should be made payable to the **TOWN OF BROOKLINE**.

1-30 campers \$150.00
 31-100 campers \$225
 >100 campers \$325
 (Orientation Fee for New Camp: \$150.00)

APPLICATION FOR LICENSE TO CONDUCT A RECREATION CAMP FOR CHILDREN

Camp Name and Location Information		
Camp Name:		
Location where camp operates:		
City:	State:	ZIP Code:
Phone:	Fax:	
Email:		
Website/Social Media address:		
Camp Owner/Organization Information		
Owner/Organization Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email:		
<input type="checkbox"/> send license to this email address		
Camp Director/Operator Information (if different than owner)		
Director/Operator Name:		
Primary Mailing address:		
City:	State:	ZIP Code:
Phone(year-round):	Fax:	
Email:		
<input type="checkbox"/> send license to this email address		
Camp Operating Information		
If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:		
<input type="checkbox"/> From: _____ To: _____ Name(s): _____		
N/A		
Has the camp's license ever been suspended or revoked:(check):	Day or Residential Camp:	
<input type="checkbox"/> Suspended	<input type="checkbox"/> Day	
<input type="checkbox"/> Revoked	<input type="checkbox"/> Residential	
<input type="checkbox"/> Neither		

Seasonal or Year-Round Camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round	Seasonal camp only: Opening Date for camp: _____ Closing Date for camp: _____ Hours of Operation: _____
--	--

Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Pool Permit Number: _____ Off-Site Pools (if applicable): _____ Total Number of Pool(s): _____
--	--

Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No	Names of lake or river located at camp (if applicable): _____ Off-Site beaches (if applicable) : _____
--	---

Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Permit Number: _____
---	---------------------------

Camp Capacity (per Session):	Campers: _____	Staff: _____	Total Number for the Year: _____
------------------------------	----------------	--------------	----------------------------------

Health Care Consultant Information

Name:

MA License Number:	Phone (to reach during camp operations):
--------------------	--

Type of Medical License:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant	(NOTE: Attach documentation of pediatric training if a PA)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Nurse Practitioner		

Health Care Supervisor Information (Minimum of 2)

Name of Health Care Supervisor #1:

MA License Number:	Age:
--------------------	------

Type of Medical License, Registration or Training 105 CMR 430.159(C):			
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant	(NOTE: Attach documentation of current First Aid / CPR Training)	<input type="checkbox"/> Other: _____ Please attach documentation of current First Aid / CPR Training
<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner		

Name of Health Care Supervisor # 2 (optional):
--

Type of Medical License:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant	(NOTE: Attach documentation of pediatric training if a PA)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Nurse Practitioner		

MA License Number:	Phone (to reach during camp operations):
--------------------	--

Health Care Supervisor Information

Name of Health Care Supervisor #1:	Age:
------------------------------------	------

Lifeguard Certificate issued by: _____ Expiration date: _____	American Red Cross CPR Certificate: _____ Expiration date: _____
---	--

American First Aid Certificate: _____ Expiration date: _____	Previous aquatics supervisory experience: _____ _____ _____
--	--

Name of Health Care Supervisor # 2:	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 Information N/A

Name: _____

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

Date Certified: _____ Expiration date: _____

Horseback Riding Instructor Information N/A

Name: _____

License Number: _____	Expiration date: _____
-----------------------	------------------------

Stable Location: _____

Licensed in accordance with MGL c.111 §155, 158:

Yes No

Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

PWS
 Town water supply
 Other: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

Municipal/Off-Site
 On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____)
 Other: _____

Renewal or Previously Submitted Information

If **ALL** of the above information was previously submitted **and** has not changed, please note:

INFORMATION ON FILE from previous years

Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature of applicant: _____	Title: _____
Name (Please Print): _____	Date: _____

Comments or Additional Information

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]
- COVID-19 Safety Plans

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]

S:/Environmental/Camps/Application-Rec-Camp-2022