



**APPLICATION FOR CERTIFICATE OF APPROVAL TO OPERATE A SINGLE SPORT YOUTH CAMP  
 (AUTHORITY: N.J.S.A. 26:12-6)**

Instructions: This form must be opened using ADOBE READER (desktop application only). Only electronic submissions will be accepted. Submit one form per Camp Owner or Corporation. After you have completed all sections of the form, you will email your completed form to youth.camps@doh.nj.gov.

CAMP STATUS									
NJDOH Camp ID#: (initial applicants should enter 0000)									
Application Type:		Initial / Renewal <b>(will operate this season)</b> Inactive <b>(will not operate this season)</b> Out of Business <b>(no longer in operation)</b>							
Camp Type		Municipal			Private				
CAMP IDENTIFICATION									
Owner or Corporation Information	Name:		Address:		City / State / Zip				
	Phone Number:		Email Address:		I would like to receive updates via email				
Assessment Questions						Yes	No		
1. Will your organization participate in the Child Care Resource & Referral (CCR&R) childcare subsidy program? i. Approximately, how many children under your care will receive child care subsidy?									
2. Is your organization licensed by the Office of Childcare Licensing (OOL) through the Department of Children and Families (DCF) as a childcare center? If yes, please list your OOL number.									
3. Will your camp participate in the Department of Agriculture (DOA) Summer lunch program?									
4. Is your camp American Camp Association (ACA) Accredited? i. If yes, please list your accreditation number.									
5. Will your camp implement any recommended COVID-19 mitigation strategies? (not required)									
CAMP SITE DETAILS									
Name of Camp:			Phone Number:		County of Camp Location:				
Local Health Department Responsible for the Preoperational Inspection: <b>(LHD Directory: <a href="https://www.nj.gov/health/lh/community/index.shtml">https://www.nj.gov/health/lh/community/index.shtml</a>)</b>									
Site location address:				City / State / Zip					
Water Supply:		Municipal	Well	Waste Disposal:		Sanitary Sewer	Septic System		
This camp is:		Summer Only	Year Round	Start date		End date	Resident	Day Camp	
Camp Director's Name: <i>First / Middle / Last</i>				Camp Director's Email:		Camp Director Cell Phone Number:			
Camp Director's Qualifications <i>(at least 21 years of age; verified experience in a youth program; administrative and/or teaching experience in a youth program):</i>									
How many adult staff (18 or older) will supervise children?									
How many minor counselors (age 16-17) will supervise children?									
<b>Please list your camp population details:</b>									
i. Approximate age range of campers anticipated for the season?.....						to			
ii. Approximate number of children the camp anticipates hosting for the season?.....									
Campers:		Female Only	Male Only	Coed	Persons with disabilities	Other:			
Activities:		Archery	Boating	Field Trips	Field Sports	Horseback Riding	Overnights		
		Petting Zoo	Rope Course	Riflery	Rock Climbing Wall	Ropes/Challenge Course	Singing		
		Travel Camp	Zip Line	Other					
Please check this box if your camp operates any apparatus over 10' in height. (Note: Apparatus over 10' are required to be registered with the Department of Community Affairs-Carnival Amusement Rides. Please visit their website at <a href="https://www.nj.gov/dca/divisions/codes/offices/rides.html">https://www.nj.gov/dca/divisions/codes/offices/rides.html</a> .)									
Swimming		Onsite	Offsite	Swimming is conducted via:		Pool	Lake	Ocean	River
<b>(The CB-11a form should be used to report multiple locations)</b>									
FEE SCHEDULE									
<a href="#">Online Application Payment</a>		Annual Fee Per Location		Day \$50.00 / Resident \$100.00	Payment Confirmation Number:				
Payment Date:		Payment Method:			Payment Amount:				
CERTIFICATION BY APPLICANT									
I understand and acknowledge that by clicking this box, I have received and read N.J.A.C. 8:25 New Jersey Youth Camp Safety Standards. My submission of this form constitutes an attestation of compliance with the N.J.A.C. 8:25 Youth Camp Safety Standards. I understand that I will be liable for fines, not to exceed \$1,000, for any violation of these Standards or of any rule or regulation duly issued thereunto or order issued pursuant thereto. I certify, the statements made in this application are true, complete, and correct to the best of my knowledge and belief.									
Name of Applicant First / Middle / Last				Title of Applicant		Email	Date		

# NJ Youth Camp Application Instruction Checklist

Please be sure to complete this application in its entirety. All sections are required to be completed and payment made in order to successfully process the application.

## STOP!!! Is your program a Youth Camp?

- Camp must include at least one **HIGH-RISK ACTIVITY\*\***
- Accommodates five (5) or more children under 18 years of age.
- Operates for three (3) or more hours, for a period or portions of two (2) days or more within the same week

## Type of Youth Camps:

- **Day camp:** operates during the day, no more than one overnight stay per week
- **Resident camp:** the campers stay overnight on a regular basis

\*\* **HIGH RISK ACTIVITY:** any recreational component, sport or activity that exposes a camper to a serious injury because of the inherent danger of the recreational component, sport or activity; requires a high level of adult supervision at all times.

\*\* Virtual camps whereby campers **never attend in-person activities** are not licensed by the Youth Camp Safety Project.

## COMPLETING THE APPLICATION

The application must be completed electronically on a computer, laptop, or tablet. Enter all information into the electronic form fields provided. Handwritten applications are not accepted.

### SECTION: STATUS

- Camp Identification (CampID)**– 3-4 digit number issued to a licensed youth camp. This number does not change. On your license certificate, your **CampID** is located below the name of your camp, near the center. If the camp was actively licensed last year, your campID number can be found online: <https://healthapps.state.nj.us/youthcamps/camplist/a-z.aspx>
- Application Type-** *Initial* – New camp that will operate for the season; *Renewal* – previously licensed camp that is renewing licensure to operate for this season; *Inactive* – camp that was licensed in the past, does not want to run an active camp for the current season, but wants to put a hold on their license number (will not operate this season) ; *Out of Business*- camp is no longer in operation.
- Municipal or Private Camp-** Municipal and/or government run camps are exempt from the fee but must submit the application.

### SECTION: CAMP IDENTIFICATION

- Name and Mailing Address of Owner/Corporation** – Direct, year-round mailing, telephone and email address for all correspondence to the camp operators.
- If you would like to receive updates via email please check the box provided.

### SECTION: ASSESSMENT QUESTIONS

- Answer **each question** numbered 1-6 as listed on the form using the box provided.

### SECTION: CAMP SITE DETAILS

- Camp Name, City State and Zip** – The exact name of the camp and the site/physical location details.
- Site Location** – The site/physical location where camp activities are routinely held. Enter an exact address.
  - SINGLE SPORT YOUTH CAMPS must submit an exact physical address for EACH location.
  - If there are changes to your location after submission, send an email to [youth.camps@doh.nj.gov](mailto:youth.camps@doh.nj.gov)
- County of Site Location** – The county where camp activities are routinely held.
- Telephone Number at Site Location** – Phone number for direct contact with on-site camp activity senior staff.
- Camp Director Name**– Full name of the camp director.

- Camp Director’s Qualifications**– Please briefly describe how your camp director meets the following requirement: Each youth camp shall employ a camp director that is at least 21 years of age and has one of the following qualifications:
  1. At least two seasons of administrative experience in an organized certified camp.
  2. Nine months verified experience in a youth program.
  3. One season of administrative experience in an organized certified camp and at least one year teaching experience with a teacher certification
- Number of adult staff** – The approximate number of persons 18 and older who will supervise campers.
- Number of staff ages 16-17** – The approximate number of persons under 18 who will supervise campers.
- Age Range of Campers** – The numerical age range of campers (Ex: 6 to 12 yrs.). **Do not** submit grade levels.
- Total Summer Camp Attendance** – The approximate number of campers expected to attend for the season.
- Camp Operates Year Round or Seasonal** – Year round camps operate during any out of school vacation such as spring break, Thanksgiving Holidays, etc. Seasonal camps operate **ONLY** during summer break.
- Resident or Day** – Day camps operate primarily during the daytime and send their campers home every day. Resident camps operate routine overnight accommodations for campers.
- Camper Demographics** – Please indicate whether your camp is male only, female only, coed, persons with disabilities or otherwise describe how your population identifies in the other category. More than one category may be chosen.
- Campers, Water Supply, and Waste Disposal** – Check applicable boxes.
- Activities** – Check all high-risk activities. **Day programs lacking any high-risk component will not be licensed as a youth camp.**
- Apparatus over 10 feet** – Check the box if your camp operates a play apparatus that is over 10 feet tall.

### SECTION: ADDITIONAL CAMP SITE

- CB-11a/CB-14a forms** –If you need to add additional sites you may complete the cb-11a or cb-14a form to add additional sites to the application form. Please submit the completed form with this application via email to [youth.camps@doh.nj.gov](mailto:youth.camps@doh.nj.gov)

### SECTION: FEE SCHEDULE

- Payment options include online processing of checks and all credit card types.
  - Municipal/government operated camps are not required to submit a fee but must complete the application and submit an official request for license fee waiver on municipal letterhead.
- To pay online, click the hyperlink on the application form: ‘*Online Application Payment.*’ You will need your **CampID** number, which should be entered under the ‘Pertinent Number’ box on the online payment page.
  - When payment is complete, type your payment confirmation number in the ‘Payment Confirmation Number’ box on the application.
  - **Online Payment is preferred and will ensure your application is processed promptly and accurately.** If you must pay by paper check or money order, please add the check number to the ‘Payment Confirmation Number’ box on the application and indicate in your email submission that a check will be sent separately. Checks may be made out to ‘*NJ Department of Health*’. Submit the check with a printed copy of your emailed application to the following address:
 

**NJ Department of Health, Public Health & Food Protection, PO Box 369, Trenton, NJ 08625**

    - Overnight mail (UPS/FedEx) should be addressed:
 

**NJ Department of Health, Public Health & Food Protection**  
**Attn: Youth Camp Project, 135 E. State Street- 3<sup>rd</sup> Floor, Trenton, NJ 08625**

### SECTION: CERTIFICATION BY APPLICANT OF N.J.A.C. 8:25 Youth Camp Safety Standards

- The checkbox near the signature is your acknowledgement of the Terms and Conditions of licensure by the Department. **This box must be checked or your application will not be processed.**
- The full name, title of the responsible party (i.e. camp operator/owner), email and date must be listed in the fields following the statement of acknowledgement and responsibility.

## SUBMIT YOUR APPLICATION VIA EMAIL

**All applications must be completed electronically and submitted via email.** You do NOT need to mail your application. If you're mailing an application because of a paper check or money order payment, you must also submit the application electronically, with the electronic form fields filled out on a computer. Scanned documents or photographs are NOT accepted.

1. When you have finished completing all electronic fields of the application, **SAVE** the file on your computer.
2. Create a new email addressed to [youth.camps@doh.nj.gov](mailto:youth.camps@doh.nj.gov)
3. **Attach** the completed electronic application file that you just saved.
4. Open the attachment to confirm your form is saved with all form fields completed.
5. In the subject line of the email, type "**Youth Camp Application**" followed by your **CampID** number.
6. In the body of the email, please provide direct contact information that we may use in case there is an issue with your application.
7. Send the email. You should receive an automatic message to confirm receipt of your email.
8. Please allow 4 weeks for processing. Expedited service is not available.
9. When your license is issued, a license will be sent electronically to the email address you provide in the application. The emailed license may be printed for use and posting. Actively licensed camps are listed live on the following webpage: <https://healthapps.state.nj.us/youthcamps/camplist/a-z.aspx>

Public Health & Food Protection Program | [youth.camps@doh.nj.gov](mailto:youth.camps@doh.nj.gov) | 609-826-4935  
Please see our FAQ: <https://nj.gov/health/ceohs/sanitation-safety/youthcamps.shtml>