

OFFICE USE ONLY
Revised 5/2013

Date Received: _____

Supervisor: _____



State of Delaware
Department of Services For Children, Youth and Their Families
OFFICE OF CHILD CARE LICENSING

REQUEST FOR LICENSE EXEMPTION
 as described in *Delacare* Rules for
Early Care and Education and School Age Programs

INSTRUCTIONS

PLEASE TYPE OR PRINT
ALL RESPONSES
SUPPLY ALL REQUESTED
INFORMATION

SECTION A – Identification

Program Name: _____

Location: _____
 (Street Address) (City) (County) (Zip)

Check any that apply to the site location:

<input type="checkbox"/> Church	<input type="checkbox"/> Governmental Land	<input type="checkbox"/> School
<input type="checkbox"/> Organization/Club Facility	(Federal, State, County, City, Municipality)	Is this school registered with Delaware DOE?
<input type="checkbox"/> Resort		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wilderness Area	Name of Government: _____	Registration # _____
<input type="checkbox"/> Playground		
<input type="checkbox"/> Private Home		
<input type="checkbox"/> Commercial Site		

Telephone: _____ Alternate or Cell Phone # _____ Fax # _____

Contact Person: _____ Title: _____ Program Email: _____

Is this program run by or affiliated with another organization?

Yes No If "yes" provide the following:

Licensed by OCCL? Yes No

License Number: _____

Voluntary Organization Serving Youth: Yes No

Organization Name: _____

 (Street Address) (City) (County) (Zip)

Telephone Number: _____ Fax #: _____ Email Address: _____

Contact Person _____ Title _____

Has Applicant, Owner, or Board Members been previously licensed, approved, or exempted for provided childcare, foster care, adoption, or residential day treatment to children in Delaware or any other state? Yes No

If "Yes," note below the state, the specific location, and the dates of operation.

SECTION B – Program Information

- 1. Dates of Operation: _____ M T W Th F Sa Su
Times: _____ AM / PM TO _____ AM / PM
- 2. Ages of the children to be served: _____
- 3. Will a parent of each child in attendance remain on the camp each day? Yes No
- 4. Will a fee be charged for attendance to this program? Yes No
- 5. Will advertising promote the service of this program? Yes No
- 6. Will this program be held primarily outdoors? Yes No

SECTION C – Additional Information Attachments

ATTACH AN EXPLANATION OF WHY YOU BELIEVE A LICENSING EXEMPTION SHOULD BE GRANTED.
ATTACH A SCHEDULE OF THE THEMES/INTEREST AREAS FOR THE WEEKS THE PROGRAM WILL BE IN OPERATION.
ATTACH A SCHEDULE OF THE DAILY ACTIVITIES FOR A TWO-WEEK PERIOD INCLUDING TIME PERIODS FOR EACH DAY.

Signature of Applicant

Date

Title/Relationship to Facility

— SUBMIT TO —

NEW CASTLE COUNTY SITES

**OFFICE OF CHILD CARE LICENSING
1825 FAULKLAND ROAD
WILMINGTON, DELAWARE 19805**

PHONE: 302-892-5800
FACSIMILE: 302-633-5112
Email: ann.ryan@state.de.us

KENT OR SUSSEX COUNTY SITES

**OFFICE OF CHILD CARE LICENSING
821 SILVER LAKE BOULEVARD, SUITE 103
DOVER, DELAWARE 19904**

PHONE: 302-739-5487
FACSIMILE: 302-739-6589
Email: maxine.travis@state.de.us

PROGRAM PURPOSE

TERMS OF PARTICIPATION

Is this a “drop-in” program which children may enter or leave without being placed or discharged to a specifically designated adult?

Yes No

LOCATION

Is this a permanent site? Yes No

Is this a residence? Yes No

Are activities conducted primarily outdoors? Yes No

PROGRAM/SERVICE

Instructions: Rank activities listed below considering to degree to which they are the focus of the program using the legend:

Legend:

Primary – much of the day is spent on these activities
Secondary – part of the day is spent on these activities
Other – offered but not significant part of the program
Not applicable – activity not offered

<u>ACTIVITIES/SERVICES</u>	<u>PRIMARY</u>	<u>SECONDARY</u>	<u>OTHER</u>	<u>NOT APPLICABLE</u>
Aquatic Activities – Swimming/Diving				
Boating/Waterskiing/Canoeing				
Care/Supervision Before 9:00 a.m.				
Care/Supervision After 4:00 p.m.				
Cooking/Food Exploration				
Creative Arts/Crafts				
Dramatic Play				
Education				
Guidance				
Hiking				
Exploring Outdoors				
Fishing				
Language & Literacy Activities				
Mathematics				

<u>ACTIVITIES/SERVICES</u>	<u>PRIMARY</u>	<u>SECONDARY</u>	<u>OTHER</u>	<u>NOT APPLICABLE</u>
Musical/Lessons				
Music/Rhythm				
Physical Development				
Problem Solving				
Protection				
Reading				
Religious Education				
Science & Nature				
Skills Taught – Karate/Martial Arts				
Social/Emotional Development				
Sports – Basketball, Soccer, Cheerleading, Etc.				
Supervision				
Target Activities – Firearms/Archery				
Trips to Events/Recreation Sites/Other Locations				
Tutoring in a School Subject				