OFFICE USE ONLY Rev. 2012
Date Received: _____
Supervisor: _____

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

CAMP EXEMPTION REQUEST

INSTRUCTIONS

PLEASE TYPE OR PRINT ALL RESPONSES
SUPPLY ALL REQUESTED INFORMATION

SECTION A – Identification

Camp Name: _____

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

Camp Telephone #: _____ Alternate or Cell Phone #: _____ FAX #: _____

Contact Person: _____ Title: _____ Camp Email Address: _____

Is this "Summer Camp" run by or affiliated with another Organization? ☐Yes ☐No

If "Yes", provide the following:
Licensed by OCCL: ☐ Yes ☐ No
License #_____

Name: _____

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

Telephone Number: _____ FAX #: _____ Email Address: _____

Contact Person: _____ Title: _____

SECTION B – Camp Information

1. Dates of Camp: _____ Days: 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 premises each day? Yes No
4. Will a fee be charged for attendance at camp? Yes No
5. Will advertising promote the services of this camp? Yes No
6. Will this camp 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 CAMP WILL BE IN OPERATION.**

☐ **ATTACH A SCHEDULE OF THE DAILY ACTIVITIES INCLUDING TIME PERIODS FOR A SAMPLE CAMP DAY.**

Signature of Applicant **Date**

Title/Relationship to Facility

SUBMIT TO:

NEW CASTLE COUNTY CAMPS
Office of Child Care Licensing
1825 Faulkland Road
Wilmington, DE 19805
Phone: 302-892-5800
FAX: 302-633-5112
EMAIL: Joan.Carlson@state.de.us

OR

KENT OR SUSSEX COUNTY CAMPS
Office of Child Care Licensing
821 Silver Lake Blvd., Suite 103
Dover, DE 19904
Phone: 302- 739-5487
FAX: 302-739-6589
EMAIL: Maxine.Travis@state.de.us