



Camp Intake/ Update Form

Please Print or Type Responses

| | |
|-------------------|---|
| NAME OF CAMP: | _____ |
| CAMP'S LOCATION: | _____ |
| | _____ |
| | (city) _____ (state) _____ (zip code) _____ |
| COUNTY: | _____ |
| TOWNSHIP/BOROUGH: | _____ |
| MAILING ADDRESS: | _____ |
| | _____ |
| | (city) _____ (state) _____ (zip code) _____ |
| TELEPHONE NUMBER: | (_____) _____ |
| ALTERNATE NUMBER | (_____) _____ |
| FAX NUMBER: | (_____) _____ |
| NAME OF DIRECTOR: | _____ |
| Contact Person: | _____ |
| E-MAIL: | _____ |
| Website: | _____ |

Total capacity _____

Is your camp licensed by: _____ Office of Child Care Licensing or _____ Department of Public Health?

What age children may attend your camp program? From: _____ yr. To: _____ yr.

LANGUAGES If anyone on your staff speaks a language other than English, please provide the language(s)

Does anyone on your staff know sign language? ___ Yes ___ No

Please check off the sign-up schedules that are available to your campers:

_____ After Camp Hours Care Offered _____ Before Camp Hours Care Offered

What are your regular camp hours? From _____ : _____ am To _____ : _____ pm

What are your extended hours? From _____ : _____ am To _____ : _____ pm

What days of the week does your camp operate? Please Circle: Mon Tue Wed Thurs Fri Sat Sun

Please List your rates for the following types of care. If you have many rates, please attach a rate sheet:

Regular Camp Hours _____ per week _____ per two weeks _____ per month _____ per summer

Before Camp Hours _____ per week _____ per two weeks _____ per month _____ per summer

After Camp Hours _____ per week _____ per two weeks _____ per month _____ per summer

Do you have **ADDITIONAL FEES**? Please list any additional fees and what they are for below:

When does camp registration begin? _____ Month _____ Day

The month and day that camp begins _____ Month _____ Day **The month and day that camp ends** _____ Month _____ Day

*If you have weekly and monthly camp start and end dates, please include a brochure.

Please check all the words that describe the CAMP MEALS:

____ Breakfast ____ Morning Snack ____ Lunch ____ Afternoon Snack ____ Dinner ____ Campers Bring Bag Lunch

What is your camp program PHILOSOPHY? (Please check all that apply)

____ Developmental/Hands-on ____ Religious

Does your camp accept or provide any of FINANCIAL ASSISTANCE? (Please check all that apply)

____ Scholarship _____ Sibling Discount _____ Sliding Fee Scale ____ State Subsidy (POC)

Does your camp offer any of the following SAFETY measures? (Please check all that apply)

____ Staff trained in CPR ____ Medication Certificate ____ Nurse on Staff ____ Staff trained in First Aid

Does your camp staff have training or experience in these SPECIAL NEEDS areas? (Please check all that apply)

____ ADD/ADHD ____ Autism ____ Developmental Differences ____ Diabetes ____ Feeding Tube ____ Hearing Impaired
____ Heart/Apnea Monitor ____ Learning Disability ____ Nebulizer ____ Physically Challenged
____ Seizures ____ Sight Impaired ____ Speech Impaired

What type of EDUCATION have your camp staff completed? (Please check all that apply)

____ Associate's Degree, Child Related ____ Associate's Degree, Other ____ Bachelor's Degree, Child Related
____ Bachelor's Degree, Other ____ CDA Credential/AA Degree ____ College Credits. in Early Childhood Ed
____ ECE/Child Dev Degree ____ High School Education ____ Master's Degree

Please check all of the words that describe your camp staff's credentials/experience:

____ Associates Degree, Child Related ____ Associate's Degree, Other ____ Bachelors Degree, Child Related
____ Bachelors Degree, Other ____ CDA Credential or AA Degree ____ College Credits in ECE
____ ECE or CD Degree ____ High School Education ____ Masters Degree

Is your camp ACA Accredited? ____ Yes _____ No

Please check off the words that describe your camp's setting: _____ Center Based _____ Residential

If you offer swimming, please check off the options you have available: _____ Instructional Swimming _____ Recreational Swimming

Do you offer a Counselor in Training program? _____ Yes _____ No

If you have a Specialty Camp, please check off all that apply:

____ Art ____ Computer ____ Dance/Music ____ Day Camp ____ Educational Enrichment ____ Nature/Science
____ Overnight ____ Special Needs ____ Theater ____ Writing ____ Technical Skills Training (ex: Automotive Repair, Sewing Carpentry, etc)

If you have a specialty Sports Camp, please check all that apply

____ Baseball ____ Basketball ____ Field Hockey ____ Football ____ Gymnastics
____ Horseback Riding ____ La Crosse ____ Soccer ____ Tennis ____ Volley Ball

Please include a brochure and a printed or typed summary about your program that you would like families to see on your printed profile. This custom information is truly valued by our clients, and may influence their decision as to which referrals to contact first.

**RETURN COMPLETED FORM TO:
Children & Families First
Attention: Resource Helpline
2005 Baynard Blvd
Wilmington, DE 19802**

Fax Number: (302) 479-1577. Please call 800-734-2388 if you have any questions:

Rev 3/11

Rev 3/09