



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.

Please check off any words that describe the transportation that your camp provides:

Pick up camper at home Pick up camper at central site Public transportation available No transportation

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

Whole Summer Partial Summer Weekly Two-week Sessions
 Monthly Morning Only Afternoon Only

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 ____ Lunch ____ Afternoon Snack ____ Campers Bring Bag Lunch

Please check off any subsidies that are available to your campers:

____ Accept State Subsidy ____ Sibling Discount ____ Sliding Fee Scale ____ Scholarship

Safety: (Please check all that apply)

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

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

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

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:

____ Recreational Swimming ____ Instructional Swimming

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

If you have a specialty camp, please check off all that apply:

____ Art ____ Computers ____ Music/Dance ____ Day Camp ____ Educational Enrichment ____ Nature/Science
____ Overnight ____ Special Needs ____ Theater ____ Writing ____ Baseball ____ Basketball
____ Field Hockey ____ Football ____ Gymnastics ____ Horseback Riding ____ La Crosse ____ Volley Ball
____ Tennis
____ Technical Skills Training (ex: Automotive Repair, Sewing Carpentry, etc)

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. You may choose to write something about your curriculum, philosophy, schedule, etc. on the lines below, a separate sheet, or on the back of this form.

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: