



CHILDREN'S CAMPS REGISTRATION APPLICATION

CAMPS AND SCHOOL PROGRAM
 Environmental Health Division
 1435 West Covina Parkway, West Covina, CA 91790
www.publichealth.lacounty.gov/eh
 (626) 813-3428



Does the camp operate more than four (4) weeks in any 12-month period?

YES – Do not fill out this **Registration** application. You must obtain a **Public Health Permit** instead. Contact us at the number/email above or visit our website at: <http://publichealth.lacounty.gov/eh/about/permit.htm> for the permit application form.

NO – Please continue filling out this **Registration** application. Submit at least 60 days prior to proposed operation. Camps operating four (4) weeks or less require a site evaluation and annual registration. See [page 2](#) for instructions, list of required documents to be submitted with your application, and instructions for payment.

Submit applicable fees (**\$521**) with this application, along with all supporting documents.

CAMP INFORMATION		LEGAL NAME OF CAMP (DBA): _____	
Camp Street Address		Unit	City
Phone	Email Address (for Communications)	Website address	
Proposed operating Dates:			
Expected number of campers:	Age range of campers:	Number of overnight stays:	
Mark if there is: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Lake <input type="checkbox"/> Stream <input type="checkbox"/> Ocean Swimming or <input type="checkbox"/> Food Service			
Does the camp offer specialized activities/challenge course? What type (rock climbing, rope course, horseback riding etc.):			

CAMP OPERATOR/OWNERSHIP INFORMATION		Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Name		Phone	Email
OWNER 1:			
OWNER 2:			
Emergency Contact:			

TERMS	<p>I HEREBY SUBMIT THIS APPLICATION FOR A PUBLIC HEALTH REGISTRATION to conduct the above-mentioned children's camp in accordance with the laws, ordinances, and regulations that are now or may hereafter be in force pertaining to the above-identified facility. I <u>certify</u> that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. After issuance of the public health registration, I hereby <u>consent</u> to any necessary complaint investigations conducted by the Department of Public Health.</p> <p>I <u>certify</u> that the Camp Director and all Camp Counselors meet age and experience qualifications, have completed mandated training, have had their criminal history records checked, and will follow mandated reporter requirements</p> <p><u>I understand the following:</u></p> <ul style="list-style-type: none"> ✓ I must follow the operating procedures and written plans, along with all applicable County requirements and those copies must be maintained on file on the camp premises and be made available for inspection by any camper, camper's parent or guardian, their agent, or agent of the Department of Public Health. ✓ Updated written procedures or written plans must be submitted within fourteen (14) days of the proposed change along with the applicable fee to the Department. ✓ The Public Health Children's Camp Registration is not transferable and non-refundable. Refunds may be considered only when funds are collected in excess, erroneously, or as double payment. ✓ Failure to maintain a current Public Health Registration may result in the closure of the camp, pursuant to Los Angeles County Code, California Health and Safety Code, and/or applicable local ordinances. I understand that operating more than 4 weeks in any 12-month period requires a Public Health Permit. 		
	Print Name:	Title:	
	Signature:	Date:	

OFFICE USE ONLY			
Amount Owed:	(To be determined by Specialist on date of approval)	Payment Due By:	SR #:
PE Code:	PE Description:	Billing Status:	Invoice #:

Welcome to Los Angeles County! Our goal at Environmental Health is to partner with you to ensure that your children’s camp meets all regulatory health and safety requirements. Registering with Public Health is the first step.

INSTRUCTIONS

1. Please print or complete using fillable PDF.
2. All fields must be completed. Enter N/A if a field is not applicable to the business.
3. Determine if your camp requires **Registration** (operates 4 weeks or less) or a **Public Health Permit** (operates more than 4 weeks in any 12-month period). Proceed with application if the camp qualifies for **Registration**.
4. Provide camp information details (Name, address, phone, email, web address, operation dates, camper information, number of overnight stays, and aquatic and specialized activity information).
5. Read all information in the Terms section and acknowledge by printing your name and signing the application.

ADDITIONAL DOCUMENTS

The following documents must be submitted with the initial **Registration Application** to process your request:

<ol style="list-style-type: none"> 1. Ownership documentation: <ol style="list-style-type: none"> a. Sole Proprietor or Partnership – a current driver’s license, state issued identification card, or Foreign Consulate Identification Card for each owner b. Limited Partnership (LP) - Certificate of Limited Partnership c. Limited Liability Partnership (LLP) - Limited Liability Partnership (LLP) Registration d. Corporation - Articles of Incorporation, including a list of the officers’ names and titles; Employer identification Number (EIN) statement from IRS, and CA Secretary of State Statement of Information. e. Limited Liability Company (LLC) - Articles of Organization 2. Copy of Business License Application 		
<ol style="list-style-type: none"> 3. Written statement by the Camp Operator that the Camp Director’s criminal history record check has been reviewed 4. Written statement by the Camp Director that the Director has reviewed the criminal history record check and voluntary disclosure statements of all camp counselors 	<ol style="list-style-type: none"> 5. Written procedures describing the program of organized and supervised activities in the following areas: <ul style="list-style-type: none"> o Supervisor qualifications and training o Safety procedures for the storage and handling of hazardous material o Staff skill verification criteria and process o Identification of potential Environmental hazards o Participant eligibility requirements (if any) o Equipment access and control o Staff to participant supervision ratios o Equipment maintenance and repair 	<ol style="list-style-type: none"> 6. Camper health plan 7. Emergency plan 8. Specialized recreational activities plan 9. Transportation plan 10. Insect and rodent plan 11. Two copies of camp site plans (drawn to scale)

SUBMISSION AND PAYMENT FOR SITE EVALUATION

At least 60 days prior to planned operation, you must submit the application(s), supporting documents, and payment in person, by mail, or online as noted below. Upon submission and review, you will be contacted by an inspector to schedule a site evaluation. Failure to submit a complete application with all supporting documents will impede the approval for the registration of the children’s camp and may result in the closure of the facility.

Online	Mail	In Person
<p>Customers can pay online using their Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck). Please note that there is additional convenience fee charge using online payment. Contact us at (626) 430-5350 or ehpermits@ph.lacounty.gov for more information.</p>	<p>Send your Check, Cashier’s Check, or Money Order, payable to the County of Los Angeles, to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978</p>	<p>Customers may make payments in person at Environmental Health office locations throughout Los Angeles County. Acceptable forms of payment in-person include Cash, Check, Cashier’s Check, or Money Order. Payments will be accepted between the hours of 8:00 am - 4:30 pm, Monday through Friday. Cash payments may only be in person, and in the exact amount due. Check our website for locations at http://publichealth.lacounty.gov/eh/</p>

Upon approval a separate invoice will be sent to the camp operator for the Children’s Camp Registration. If you do not receive an invoice within 7 days of approval, please contact us at the number above.

INFORMATION SECURITY

All owner personal information on applications is kept confidential. Do not provide a copy of your Driver’s License or Identification through email unless you have received an encrypted email from a Department of Public Health team member first. The subject line of the encrypted email will include this text: **[SECURE]**. Your documents can be submitted safely by replying to the **[SECURE]** email and attaching your documents.

If you have any questions, please contact the Camps Program at **(626) 813-3428**.