



Knud Hansen Complex Bldg. A
 1303 Hospital Ground
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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
Department of Human Services
Office of Child Care & Regulatory Services
Children's Camp Registration

3011 Golden Rock
 Christiansted
 St. Croix, VI 00820-4355
 Phone: (340)773-2323
 Fax: (340)773-6121

I. Name of Camp: _____ Telephone: _____
 Physical Address of Camp: _____
 Mailing Address of Camp: _____
 Email address: _____ Directions to Facility: _____

Check Type of Facility: Church Commercial Corporation Partnership
 Proprietorship Public Agency

II. Name of Operator/Director: _____
Last First Middle Home/Cell Phone
 Home & Mailing Address: _____

III. Check Type of Operation: Full Day Half Day Overnight Other (Specify)
 Hours of Operation: From: _____ To: _____
 Days Per Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Duration of Camp, (Month/Date): From: _____ To: _____

Please indicate any variations in established fee, for example, more than one child in the same family.		
Camp Monthly Fee	Registration Fee	Insurance

Description of Services/Program: Cultural Sport Recreational Partnership
 Other _____

Proposed Maximum Capacity:
 Total number of children (include children of operator & staff) _____
 _____ Minimum Age _____ Maximum Age
 _____ Full-time Staff _____ Part-time Staff

IV. I certify that I have not been convicted of a crime involving child abuse, child neglect or moral turpitude and have not hired any person with aforementioned conviction to work at the camp.

I have received a copy of the regulations for children's camp and agree to operate my camp in accordance with these regulations.

 Signature _____
Date

Note: Please attach the flyer and schedule of activities for your camp.
 (Children's Camp Registration Forms should be completed by an operator or director who have a current license or certificate.) Revised 6/29/20