

Program Description Form for Camp and Alternative Recreational Session Programs

for the

New Jersey Department of Children and Families

Children's System of Care (CSOC)

**Provide a separate Program Description Form for each type of service.
(Traditional Day Camp, Overnight Camp and/or Alternative Recreational Sessions).**

Please enter the requested information into this form and **include it in the third PDF submission in your Request for Qualification response packet that is to be labeled:**

PDF 3: Section III – Documents to Be Submitted with This Response, Subsection B. Additional Documents to Be Submitted in Support of This Response.

Type of Service (select one):

☐ Traditional Day ☐ Overnight ☐ Alternative Recreational Sessions

1. Provide a narrative of the activities offered by your program and include details explaining how each activity will be delivered and the level of participation intended for youth.

2. Identify the intended skill/benefit to be obtained from the activities by the youth attending the program.

3. Provide information on the staffing of the program

4. Identify the specific program location(s):

<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hunterdon	<input type="checkbox"/> Morris	<input type="checkbox"/> Somerset
<input type="checkbox"/> Bergen	<input type="checkbox"/> Essex	<input type="checkbox"/> Mercer	<input type="checkbox"/> Ocean	<input type="checkbox"/> Sussex
<input type="checkbox"/> Burlington	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Passaic	<input type="checkbox"/> Union
<input type="checkbox"/> Camden	<input type="checkbox"/> Hudson	<input type="checkbox"/> Monmouth	<input type="checkbox"/> Salem	<input type="checkbox"/> Warren
<input type="checkbox"/> Cape May				

5. Specify the hours of program operation and include AM and PM:

<input type="checkbox"/> Sunday	to	<input type="checkbox"/> Thursday	to
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Friday	to
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> Saturday	to
<input type="checkbox"/> Wednesday	to		

6. Specify the age range of the youth to be served by the program: From: To:

7. Detail the safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program.