



Tennessee Department of Human Services  
**Camp Exemption Request Checklist**

Request date:

Exemption Program: CAMP

Program Name:

Primary Contact:

Alternate Contact:

Valid contact phone number and e-mail:

The physical address of the program:

The primary purpose OR activity is to provide **intensive** recreational, religious, outdoor or other activities that are not routinely available in full time child care.

Detailed schedule and daily activity attached

The program or activity operates **exclusively** during the summer months and is less than ninety (90) days in any calendar year.

The dates of the program are clearly outlined.

Hours of operation

The enrollment periods for participation in the program clearly define the duration of the program and exclude drop-in care.

Ages of children served

The number of participants anticipated

Copy of registration form and/or website for registration

Per 71-3-503.(e), the request is notarized.

**Additional information to support your program's exemption request:**

Flyers/brochures/advertisements

Parent hand-outs

Social media page(s)