



NEW CAMP

RENEWAL CAMP

CAMIS/RECORD ID#: \_\_\_\_\_

**SUMMER CAMP APPLICATION AND SITE INSPECTION REQUEST FORM**  
*(Pursuant to Article 48 of the Health Code of the City of New York)*

***PLEASE PRINT ALL RESPONSES WHERE REQUIRED***

1) NAME OF APPLICANT/OWNER/SPONSOR:

\_\_\_\_\_

2) NAME OF SUMMER CAMP (DBA):

\_\_\_\_\_

3) NAME OF DIRECTOR WHO ATTENDED THE DIRECTOR'S ORIENTATION:

\_\_\_\_\_

4) SITE ADDRESS AND APPLICANT CONTACT INFORMATION:

Building No.: \_\_\_\_\_ Street: \_\_\_\_\_

Borough/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_  
(Where you may be reached at all times)

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

5) MAILING ADDRESS (If different from site address):

Building No.: \_\_\_\_\_ Street: \_\_\_\_\_

Borough/Town: \_\_\_\_\_ Zip: \_\_\_\_\_



10) ORGANIZATION NAME– If known:

<b>NAME OF INDIVIDUAL, PARTNERSHIP OR INCORPORATED OR UNINCORPORATED ORGANIZATION:</b>			
<b>WHERE INCORPORATED:</b>	<b>DATE INCORPORATED:</b>	<b>FILED IN COUNTY OF:</b>	<b>DATE FILED</b>

*Please attach a copy of charter or certificate of incorporation, or document showing organization as a partnership and/or Non-Profit 501 (c) 3 status.*

OWNER/ BOARD MEMBERS – If applicable:

<b>OWNER/OPERATOR/BOARD MEMBERS</b>		
<b>PRINT NAME:</b>	<b>TITLE:</b>	<b>HOME ADDRESS:</b>

*Please use another piece of paper for additional board members.*

11) STAFFING – If known:

	<b>NAME:</b>	<b>HOME ADDRESS:</b>	<b>TELEPHONE:</b>
<b>CAMP OPERATOR</b>			( )
<b>CAMP DIRECTOR</b>			( )

12) OTHER PROGRAMS:

Do you currently operate other programs?

Group Child Care

School Based Child Care

School-Age Child Care

Family and/or Group Family Day Care

N/A

If so, what is the Permit/License/Certificate or Registration number?

Permit/License/Certificate/Registration #: \_\_\_\_\_

13) FLOORS AND ROOMS TO BE USED FOR CARE OF CHILDREN – (Please identify the floor, room number or name and the room’s anticipated use):

FLOOR(S):	ROOM NUMBERS PER FLOOR:

*Please attach an additional sheet of paper to add more rooms.*

14) SIGNATURE OF SUBMITTER:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MONTH/ DAY/ YEAR)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
RELATION TO APPLICANT