

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 INFO	DRMATION:
Building No.: Street:	
Borough/Town:	Zip:
Tel No.: () (Where you may be reached at all times)	Fax No. ()
E-Mail Address:	Website:
5) MAILING ADDRESS (If different from site a	address):
Building No.: Street:	
Borough/Town:	Zip:

#### NYC DOHMH BUREAU OF CHILD CARE SUMMER CAMP APPLICATION AND SITE INSPECTION REQUEST

6) PERMIT FOR WHICH YOU ARE APPLYING – Check only <u>one</u>:

Summer Day Camp	Traveling Summer Day Camp
Municipal Summer Day Camp	Developmentally Disabled Summer Day Camp
Children's Overnight Camp	

Are 20 percent or more of campers enrolled developmentally disabled?

□Yes □No

7) OPERATIONAL INFORMATION – Please complete the following:

EXPECTED DATE C	OF OPERATIO	N (MM/DD/	YYYY): _		To		,
Days Open: 🗖 SUN	□ MON	□ TUES	□ WED	□ THURS	🗖 FRI	🗆 SA	Т
Hours: Open from:	_:Q A	M 🛛 PM		Close at:	<u>    :     </u> C	AM	D PM
Number of Camp Sess	ions:						
A. SESSION DATE	S:						
F	FIRST SESSION	n: From	ſ:	To	):		
SEC	COND SESSION	n: From	ſ:	To	):		
Т	HIRD SESSION	n: From	ſ:	To	):		

FROM: \_\_\_\_\_\_ TO: \_\_\_\_\_

8) ORGANIZATION TYPE – If known, check whether applicant is an:

FORTH SESSION:

- Individual
   Incorporated Organization
   Partnership
   Non-Profit 501(c)(3) (Note: Must submit Proof of Non-Profit Status)
- 9) EMPLOYMENT IDENTIFICATION NUMBER (EIN):

## 10) ORGANIZATION NAME- If known:

NAME OF INDIVIDUAL, PARTNERSHIP	OR INCORPORATED OR UNIN	CORPORATED ORGANIZATIO	N:
WHERE INCORPORATED:	DATE INCORPORATED:	FILED IN COUNTY OF:	DATE FILED

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:

OWNER/OPERATOR/BOARD MEMBERS			
PRINT NAME:	TITLE:	HOME ADDRESS:	

Please use another piece of paper for additional board members.

#### 11) STAFFING – If known:

	NAME:	HOME ADDRESS:	TELEPHONE:
CAMP Operator			( )
CAMP DIRECTOR			( )

12) OTHER PROGRAMS:

Do you currently operate other programs?

Group Child Care	□ School Based Child Care
□School-Age Child Care	Group Family Day Care
□N/A	
If so, what is the Permit/License/Certit	ficate or Registration number?
Permit/License/Certificate/Registration	n #:

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