



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:

NAME OF INDIVIDUAL, PARTNERSHIP OR INCORPORATED OR UNINCORPORATED ORGANIZATION:			
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

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