



SUMMER CAMP 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: _____

6) PERMIT FOR WHICH YOU ARE APPLYING – Check only one:

- | | |
|--|---|
| <input type="checkbox"/> Summer Day Camp | <input type="checkbox"/> Traveling Summer Day Camp |
| <input type="checkbox"/> Municipal Summer Day Camp | <input type="checkbox"/> Developmentally Disabled Summer Day Camp |
| <input type="checkbox"/> Children's Overnight Camp | |

NYC DOHMH BUREAU OF CHILD CARE SUMMER CAMP SITE INSPECTION REQUEST

Are 20 percent or more of campers enrolled developmentally disabled?

- Yes No

7) OPERATIONAL INFORMATION – Please complete the following:

EXPECTED DATE OF OPERATION (MM/DD/YYYY): _____ To _____,

Days Open: SUN MON TUES WED THURS FRI SAT Hours:

Open from: ____:____ AM PM Close at: ____:____ AM PM

Number of Camp Sessions: _____

A. SESSION DATES:

FIRST SESSION: FROM: _____ To: _____

SECOND SESSION: FROM: _____ To: _____

THIRD SESSION: FROM: _____ To: _____

FORTH SESSION: FROM: _____ To: _____

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

- Individual
- Incorporated Organization
- Partnership
- Non-Profit 501(c)(3) (**Note:** Must submit Proof of Current Non-Profit Status)

9) EMPLOYMENT IDENTIFICATION NUMBER (EIN): _____

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 or anyone associated with this application currently operate any other residential or commercial child care service?

Yes No

If yes please identify. Select all that apply

Group Child Care

School Based Child Care

School-Age Child Care

Family and/or Group Family Day Care

Other _____

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

Permit/License/Certificate/Registration #:

If yes, please identify name (s) and address (es):

Have you or anyone associated with this application ever operated a residential or commercial child care service?

Yes No

If yes please identify. Select all that apply

Group Child Care

School Based Child Care

School-Age Child Care

Family and/or Group Family Day Care

Other _____

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

Permit/License/Certificate/Registration #:

If yes, please identify name (s) and address (es):

Have you or anyone associated with this application ever owned, operated, or worked at a residential or commercial child care service that was suspended and / or revoked?

Yes No

If yes, please identify name (s) and address (es):

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) Past History

Have you or anyone associated with this application ever operated a Summer Camp other than the one related to this application?

- Yes No

If yes please identify. Select all that apply

- Summer Day Camp Traveling Summer Day Camp
 Municipal Summer Day Camp Developmentally Disabled Summer Day Camp
 Children’s Overnight Camp

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

Permit/License/Certificate/Registration #:

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If yes, please identify name (s), address (es) and position held:

Have you or anyone associated with this application ever owned, operated, or worked at a summer camp whose permit was suspended and /or revoked?

Yes No

If yes, please identify name (s) and address (es):

15) SIGNATURE OF SUBMITTER:

| | |
|--------------------------------|---------------------------------|
| _____ SIGNATURE | _____ DATE (MONTH/DAY/ YEAR) |
| _____ PRINT NAME | _____ TITLE |
| _____ RELATION TO APPLICANT | |