



Children's Camp Facility and Staff Description

New Camp Permit

Renewing Camp Permit

CAMIS/RECORD ID#: _____

Section A - CAMP INFORMATION

Camp Organization/Sponsor: _____

DBA Name: _____

Camp Site Address: _____
Street Borough Zip code

Operator/Director E-mail: _____

Camp Website: _____ Contact Tel. #: _____

Camp Type: Day Camp Traveling Camp Overnight Camp Developmentally Disable

Section B - FACILITY

Camp Tel #: _____ Camp Fax #: _____

Days Open: Su M Tu W Th F Sa Hours: From _____:_____ To _____:_____

Section C- SESSIONS

If your program has more than 1 session, provide the open and close dates for each.

Session 1	Open Date _____	Close Date _____	<input type="checkbox"/> No Trips	<input type="checkbox"/> Itinerary submitted
Session 2	Open Date _____	Close Date _____	<input type="checkbox"/> No Trips	<input type="checkbox"/> Itinerary submitted
Session 3	Open Date _____	Close Date _____	<input type="checkbox"/> No Trips	<input type="checkbox"/> Itinerary submitted
Session 4	Open Date _____	Close Date _____	<input type="checkbox"/> No Trips	<input type="checkbox"/> Itinerary submitted

Use a separate sheet of paper for additional sessions.

Section D- SERVICES/ACTIVITIES

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Amusement Parks | <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Skating/Skate boarding |
| <input type="checkbox"/> Aquatics Theme Parks | <input type="checkbox"/> Cooking | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Court Sports | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Theatre/Performance |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Dance | <input type="checkbox"/> Nature Study/Walks | <input type="checkbox"/> Wood Working/Carving |
| <input type="checkbox"/> Aquatics Off-Site Swim | <input type="checkbox"/> Field Sports | <input type="checkbox"/> Off-Site Trips | <input type="checkbox"/> Zip Lining |
| <input type="checkbox"/> Aquatics On-Site Swim | <input type="checkbox"/> Fishing | <input type="checkbox"/> Organized Games | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Aquatics Wilderness Swim | <input type="checkbox"/> Go Carts | <input type="checkbox"/> Overnight Trips | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Petting Zoo | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Boating/Canoeing/Rafting | <input type="checkbox"/> Hiking | <input type="checkbox"/> Rock Climbing | |
| <input type="checkbox"/> Bowling | | <input type="checkbox"/> Ropes/Challenge | |

Section E - CAPACITY

Facility Capacity: _____

Maximum capacity shall not exceed Certificate of Occupancy/Letter of No Objection.

Check one:

- Certificate of Occupancy (CO) attached/previously submitted
- Temporary Certificate of Occupancy (TCO) attached, Expiration Date: ____/____/____
- Letter of No Objection (LNO) attached/previously submitted
- Place of Assembly attached/ previously submitted

Section F - STAFF

Name of Camp Operator (Required): _____

Name of Camp Director (Required): _____, ____/____/____
Date of Birth

Orientation Attendance: ____/____/____
Date Attended or Will Attend

Experience/Qualification: _____

Provide the following with this application:

- Resume showing supervisory camp experience (for New Directors)

Name of Co-Director (Optional): _____, ____/____/____
(or Assistant Director) Date of Birth

Orientation Attendance: ____/____/____
Date Attended or Will Attend

Experience/Qualification: _____

Provide the following with this application:

- Resume showing supervisory camp experience

Name of Health Director (Required): _____

- Qualifications:
- Physician Physician Assistant Nurse Practitioner Registered Nurse
 - Licensed Practical Nurse Emergency Medical Technician
 - Other (CPR Pro and Advance First Aid)

NYS Certificate/License# (if applicable): _____

Check only one:

- Health Director will be ON site.
- Health Director will be OFF site, Name of On-site Designee: _____
(or Assistant Health Director)

The following certifications must be made available up time of inspection:

Certifications	*Course Provider	*Course Title	Issue Date
CPR PRO			
Advance First Aid			

*Refer to the "Guidelines for Aquatic, CPR and First Aid Certifications" for accepted courses.

You may skip this section if your program does not provide Swimming, Boating, or Aquatics Theme Park services.

Name of Aquatics Director: _____, _____ / _____ / _____
Date of Birth

Orientation Attendance: _____ / _____ / _____
Date Attended or Will Attend

Experience/Qualification: _____

Provide the following:

Resume showing qualifying experience (for New Aquatic Directors)

The following certifications must be made available up time of inspection:

Certifications	*Course Provider	*Course Title	Issue Date
CPR PRO			
Lifeguard Management			

*Refer to the "Guidelines for Aquatic, CPR and First Aid Certifications" for accepted courses.

Section G – Rooms – Do Not Leave This Section Blank

Room Type (e.g. Bathroom, Classroom, Play Area, Pool etc.)	Floor # (e.g. 1st, basement, cellar)	Room #

Pool CAMIS/RECORD ID #: _____
(for on-site pools only)

Section H - INSURANCE

Worker's Compensation

Certificate Attached: C-105.2 U26.3 SI-12 GSI-105.2 CE-200
Issued by Insurance Carrier NYS Insurance Fund Self-Insured Group Self-Insured Exempt

"NYC DOHMH, 125 Worth Street, New York, NY 10013" is listed as the certificate holder.

