

**New York City Department of Health & Mental Hygiene**  
**Children's Camp Facility and Staff Description**

**Instructions:** Submit copies of required documents where indicated. All fields are required except where indicated.

Record ID#: \_\_\_\_\_

**CAMP CONTACT INFORMATION**

Contact Person Name: \_\_\_\_\_ Contact Tel. #: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Borough Zip code

**CAMP FACILITY INFORMATION**

Camp Corporation/Sponsor Name: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_  
 Camp Site Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Borough Zip code  
 Camp Operator E-mail: \_\_\_\_\_ Camp Website: \_\_\_\_\_  
 Camp Tel #: \_\_\_\_\_ Camp Fax #: \_\_\_\_\_  
 Days Open: Su M Tu W Th F Sa Hours: From \_\_\_\_:\_\_\_\_ AM/PM To \_\_\_\_:\_\_\_\_ AM/PM  
 Camp Type: Day Camp Traveling Day Camp Overnight Camp  
20% or more campers enrolled have a developmental disability Operated by a Municipal Agency

**SERVICES/ACTIVITIES**

**Check all activities provided:**

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

**\*Submit a tentative trip Itinerary. A finalized itinerary is required before permit issuance.**

**BUILDINGS DEPARTMENT APPROVAL**

**Check one:**

- Certificate of Occupancy (CO) previously submitted. If not, attach with this application
- Letter of No Objection (LNO) previously submitted. If not, attach with this application
- Temporary Certificate of Occupancy (TCO) previously submitted. If not, attach with this application\*
- Requested Updated LNO/CO from NYC Department of Buildings and will submit once received \*

*\*Your TCO or LNO cannot be expired at the time of permit approval.*

**Total # of Staff and Campers: \_\_\_\_\_ Maximum Capacity on CO/LNO: \_\_\_\_\_**

**Your capacity shall not exceed maximum persons permitted on the CO/LNO**

**OPERATOR**

Operator Name: \_\_\_\_\_

**CAMP DIRECTOR**

Camp Director Name: \_\_\_\_\_, \_\_\_\_\_  
Date of Birth (mm/dd/yy)

Camp Director Orientation Attendance: \_\_\_\_\_  
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the camp director listed above:

- Resume (required for NEW Directors)  
 State Central Register Database Check Form       Prospective Children's Camp Director Certified Statement

Co-Director/Designee Name (Optional): \_\_\_\_\_, \_\_\_\_\_  
Date of Birth (mm/dd/yy)

Camp Director Orientation Attendance: \_\_\_\_\_  
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the co-director/designee listed above:

- Resume  
 State Central Register Database Check Form       Prospective Children's Camp Director Certified Statement

**HEALTH DIRECTOR**

Health Director Name: \_\_\_\_\_

Qualifications:  Physician     Physician Assistant     Nurse Practitioner     Registered Nurse

Licensed Practical Nurse     Emergency Medical Technician/Service     Other

For day camps only: if the health director will be off-site, provide name of on-site designee:

\_\_\_\_\_

- Acceptable CPR Certificate issued within one year     Medical License/Acceptable First Aid Certification

**AQUATICS DIRECTOR**

Required for any Swimming, Boating, or Aquatics Theme Park services.

Aquatics Director Name: \_\_\_\_\_, \_\_\_\_\_  
Date of Birth (mm/dd/yy)

Aquatic Orientation Attendance: \_\_\_\_\_  
Date Attended / Registered to Attend (mm/dd/yy)

Provide the following for the aquatics director listed above:

- Resume (required for New Aquatic Directors)  
 Acceptable CPR Certificate issued within one year     Lifeguard Management/ Certificate

**ROOMS**

Room Type	Floor	Room	Room Type	Floor	Room
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

On-site Pool CAMIS/RECORD ID #: \_\_\_\_\_

**WORKER'S COMPENSATION AND DISABILITY INSURANCE**

Worker's Compensation and Disability Insurance certificates must list "NYC DOHMH, 125 Worth Street, New York, NY 10013" as the certificate holder.

Check (✓) the **Worker's Compensation** certificate that will be submitted with your application:

C-105.2     U26.3     CE-200 (exempt)  
 SI-12     GSI-105.2

Check (✓) the **Disability** certificate that will be submitted with your application:

DB120.1     DB-155     CE-200 (exempt)

**COMPREHENSIVE LIABILITY AND MOTOR VEHICLE INSURANCE**

Proof of comprehensive liability and motor vehicle insurance must show **camp name, policy number, expiration date and coverage amount.**

Proof **Comprehensive Liability** insurance is submitted with this application.

This program uses owned, rented, or charter vehicles for Trips or Pick Up/Drop Off Service, proof of **Motor Vehicle Liability** insurance is submitted with this application.  
 This program uses public transportation only.

**SAFETY PLAN AFFIRMATION**

Check one:

- Safety Plan previously submitted and no updates/changes needed
- Safety Plan previously submitted and updated pages attached
- A new Safety Plan is submitted with this application

**CAMPER CAPACITY**

For each session, indicate the date range and specify the number of days in the session and provide estimated camper capacity information.

Camp Sessions				Age Group													
Session #	Session Date Range		# of Days	0-3		4 & 5		6 & 7		8-12		13-15		16 & 17		CITs**	
	From MM/DD/YY	To MM/DD/YY		M	F	M	F	M	F	M	F	M	F	M	F	M	F
1																	
2																	
3																	
4																	
5																	

\*\* A counselor-in-training (CIT) must be 15 years old at a day camp and 16 or 17 years old at an overnight camp. CITs that do not meet the minimum age requirements must be accounted for as a camper.

**COUNSELORS ASSIGNED**

Include the number for each category:

Senior Counselor Data			
Counselor Age	16 (Day Camps Only)	17 (Day Camps Only)	18 +
Males			
Females			

**ATTESTATION**

**I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE:**

Camp Operator/Director: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

Camp Operator/Director: \_\_\_\_\_  
Signature

**FALSIFICATION OF ANY STATEMENTS MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN \$500.00 OR NOT MORE THAN 60 DAYS IMPRISONMENT OR BOTH IN ACCORDANCE WITH NYC ADMINISTRATIVE CODE 10-154 AND IS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. A PENALTY OF NOT LESS THAN \$200.00 AND NOT MORE THAN \$2,000.00 MAY BE IMPOSED FOR EACH VIOLATION PURSUANT TO NEW YORK CITY HEALTH CODE 3.11 AND CHAPTERS 3, 7 AND 23 OF TITLE 24 OF THE RULES OF THE CITY OF NEW YORK.**