

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 DIRECTORCamp 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:

Provide the following for the on-site health director or designee listed above:

- 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.