February 23, 2017

Dear Camp Operators:

The Department of Health and Mental Hygiene (DOHMH) welcomes all summer camp operators to the 2017 camp year. Renewing and prospective camp operators should apply now for a summer camp permit to provide care during the summer months, using the DOHMH Online Licensing System.

The online system allows applicants to submit their applications and pay applicable fees. You can access the system at www.nyc.gov/dohmhpertmits. New applicants will need to create an account in order to submit the required camp application documents, fees, or proof of 501(c)(3) tax exemption status. Once accounts have been created, you may go online to submit new applications, request amendments, check on the status of your applications, and make payments.

Applicants should contact 311 for Assistance with the online system or contact your respective borough office with any questions you may have. We hope you find these improvements beneficial and that these changes provide efficiencies in the associated processes and your interaction with the DOHMH as you continue to provide for the health and safety for children in your care.

Sincerely,

Frank Cresciullo
Assistant Commissioner
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SUMMER CAMP NEW PERMIT APPLICATION PROCEDURES AT A GLANCE
BUREAU OF CHILD CARE

SUBMIT YOUR APPLICATION AT LEAST 90 DAYS PRIOR TO THE START DATE OF YOUR CAMP.
Summer Camp Applicants must use the Citywide Licensing System to renew or apply for a new permit, pay a permit fee, and pay outstanding violations. New camps will need to create an online account to apply.

Step 1: New Permit Applicants
- Go online to www.nyc.gov/dohmhpermits
- Create an account by clicking on “New User?” in the login box
- Login using your new “User Name” and password
- Click “Select An Online Service”
- Accept Terms and Agreements, click “Continue”
- Choose “Child Care – Summer Camps Fee Exempt Permit Process” or “Child Care – Summer Camps Permit Process”
- Complete the online application

- UPLOAD DOCUMENTS INDIVIDUALLY
After attaching each document below, choose the “type” from the drop down list and provide a description.
- Initial Site Survey Form (Initial Site Inspection Request Form)
- Affidavit
- Government Issued Photo Identification
- If you are Fee Exempt, submit proof of fee exemption – (Proof of ACS Contract or 501(c)(3) Status) and a letter of “current and good-standing” with the U.S. Treasury Department, otherwise you must process the non-refundable $200 permit fee. Retain a copy of the e-mail confirmation as proof of payment.

-The BCC will schedule and conduct a site viability inspection upon receipt of your Site Inspection Request.

-Subsequently the following forms and documents must also be uploaded INDIVIDUALLY:
- Children’s Camp Facility and Staff Description
- Camp Director SCR Database Check Form
- Camp Director Certified Statement on Criminal History
- Trip Itinerary and Parental Consent Form
- Workers’ Compensation Insurance
- Proof of Current Disability Insurance Coverage
- Proof of Current Comprehensive Liability Coverage
- Motor Vehicle Insurance (Camp)
- Certificate of Occupancy (C of O), or Temporary Certificate of Occupancy (TCO) or Letter of No Objection (LNO). Either of these may be obtained from the NYC Department of Buildings and shall not be expired prior to camp’s start date. (Please note: TCO or LNO may take up to 90 days to obtain.)
Step 2: Submit a Summer Camp Safety Plan for review to your respective borough Office. The Safety Plan template can be downloaded from our website at www.nyc.gov/health/camps, click on “NYC Summer Camp Safety Plan - For New Camps or New Camp Directors (PDF)”. A copy of the safety plan must be retained on site.

Step 3: New Camp Directors and Aquatics Directors must attend an Orientation Session. You must register by visiting www.nyc.gov/health/camps, click “Camp Director’s Information”, then click “Online Service Registration.” After attendance, you will be given a certificate with a number starting with “CLD” which will be required before you receive your permit.

Submit your application even if you have not yet attended an orientation.

The following documents should be reviewed before hiring staff and shall be provided to the department upon request:

1. Health Director Certifications (e.g. Current CPR and Advance First Aid Certifications)
2. Aquatic Director Certifications (e.g. Current CPR and Lifeguard Management Certifications)
3. Sex Offender Registry Check by NYS Division of Criminal Justice Services for all staff
4. Letters of Reference from most recent employers
5. Staff Physical Examinations

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:

☐ Summer Day Camp  ☐ Municipal Summer Day Camp
☐ Traveling Summer Day Camp  ☐ Developmentally Disabled Summer Day Camp
☐ Children’s Overnight Camp
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:

<table>
<thead>
<tr>
<th>OWNER/OPERATOR/BOARD MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT NAME:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please use another piece of paper for additional board members.

11) STAFFING – If known:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>HOME ADDRESS:</th>
<th>TELEPHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMP OPERATOR</td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td>CAMP DIRECTOR</td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>FLOOR(S):</th>
<th>ROOM NUMBERS PER FLOOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 #:
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
NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE- BUREAU OF CHILD CARE

AFFIDAVIT FOR PERMIT APPLICATION

I have read the New York City Health Code regulations pertaining to child care and will comply with all regulations pertaining to child care and will comply with all requirements if issued a permit.

A) I understand that my child care service will be subject to inspection. I shall comply with the terms of the permit of the New York City Health Code and other applicable laws and regulations.

B) I hereby certify that any statement made on this form or information given later on in the course of an investigation of my application will be true and correct to the best of my knowledge.

If the permittee or his/her employees or agents refuse to answer questions related to this permit application after being granted testimonial or use immunity, this permit may be revoked or other appropriate action may be taken.

PRINT NAME OF OWNER/OPERATOR/BOARD MEMBER ___________________________ TITLE ___________________________

_________________________________________ SIGNATURE ___________________________ DATE ___________________________

BUILDING NO. ___________________________ STREET ___________________________

BOROUGH/CITY ___________________________ STATE ___________________________ ZIP CODE ___________________________

Sworn to before me

This ____ day of ______________________

_________________________________________

Notary Public
This page is intentionally left blank.
Children’s Camp Facility and Staff Description

Section A - Camp Information

<table>
<thead>
<tr>
<th>Camp Organization/Sponsor: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA Name: ________________________________________</td>
</tr>
<tr>
<td>Camp Site Address: __________________________________</td>
</tr>
<tr>
<td>Operator/Director E-mail: __________________________</td>
</tr>
<tr>
<td>Camp Website: ______________________________________</td>
</tr>
</tbody>
</table>

Camp Type: □ Day Camp □ Traveling Camp □ Overnight Camp □ Developmentally Disable

Section B - Facility

<table>
<thead>
<tr>
<th>Camp Tel #: __________________________</th>
<th>Camp Fax #: __________________________</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Session 1</th>
<th>Open Date_________</th>
<th>Close Date_________</th>
<th>□ No Trips</th>
<th>□ Itinerary submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2</td>
<td>Open Date_________</td>
<td>Close Date_________</td>
<td>□ No Trips</td>
<td>□ Itinerary submitted</td>
</tr>
<tr>
<td>Session 3</td>
<td>Open Date_________</td>
<td>Close Date_________</td>
<td>□ No Trips</td>
<td>□ Itinerary submitted</td>
</tr>
<tr>
<td>Session 4</td>
<td>Open Date_________</td>
<td>Close Date_________</td>
<td>□ No Trips</td>
<td>□ Itinerary submitted</td>
</tr>
</tbody>
</table>

Use a separate sheet of paper for additional sessions.

Section D - Services/Activities

<table>
<thead>
<tr>
<th>□ Amusement Parks</th>
<th>□ Classroom Instruction</th>
<th>□ Horseback Riding</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Aquatics Theme Parks</td>
<td>□ Cooking</td>
<td>□ Ice Skating</td>
</tr>
<tr>
<td>□ Archery</td>
<td>□ Court Sports</td>
<td>□ Martial Arts</td>
</tr>
<tr>
<td>□ Arts &amp; Crafts</td>
<td>□ Dance</td>
<td>□ Nature Study/Walks</td>
</tr>
<tr>
<td>□ Aquatics Off-Site Swim</td>
<td>□ Field Sports</td>
<td>□ Off-Site Trips</td>
</tr>
<tr>
<td>□ Aquatics On-Site Swim</td>
<td>□ Fishing</td>
<td>□ Organized Games</td>
</tr>
<tr>
<td>□ Aquatics Wilderness Swim</td>
<td>□ Go Carts</td>
<td>□ Overnight Trips</td>
</tr>
<tr>
<td>□ Bicycling</td>
<td>□ Gymnastics</td>
<td>□ Petting Zoo</td>
</tr>
<tr>
<td>□ Boating/Canoeing/Rafting</td>
<td>□ Hiking</td>
<td>□ Rock Climbing</td>
</tr>
<tr>
<td>□ Bowling</td>
<td></td>
<td>□ Ropes/Challenge</td>
</tr>
</tbody>
</table>

DCR 14 - Children’s Camp Facility & Staff Description  Page 1 of 4  Rev. 12/5/2014
### 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):* ____________________________________________, ___/___/_______

**Orientation Attendance:** ___/___/_______

**Experience/Qualification:** ____________________________________________

**Provide the following with this application:**
- [ ] Resume showing supervisory camp experience (for New Directors)

**Name of Co-Director** *(Optional)* *(or Assistant Director)*: ____________________________, ___/___/_______

**Orientation Attendance:** ___/___/_______

**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:

<table>
<thead>
<tr>
<th>Certifications</th>
<th>*Course Provider</th>
<th>*Course Title</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR PRO</td>
<td></td>
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<tr>
<td>Advance First Aid</td>
<td></td>
<td></td>
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</tbody>
</table>

*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: __/__/________

Experience/Qualification: _____________________________________________________________

Provide the following:
☐ Resume showing qualifying experience (for New Aquatic Directors)

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

<table>
<thead>
<tr>
<th>Certifications</th>
<th>*Course Provider</th>
<th>*Course Title</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR PRO</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lifeguard Management</td>
<td></td>
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</tr>
</tbody>
</table>

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

Section G – Rooms – Do Not Leave This Section Blank

<table>
<thead>
<tr>
<th>Room Type (e.g. Bathroom, Classroom, Play Area, Pool etc.)</th>
<th>Floor # (e.g. 1st, basement, cellar)</th>
<th>Room #</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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

Section H - INSURANCE

Worker’s Compensation

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

☐ “NYC DOHMH, 125 Worth Street, New York, NY 10013” is listed as the certificate holder.
**Disability**

Certificate Attached:  
- ☐ DB120.1 Issued by Insurance Carrier  
- ☐ DB-155 Self-Insured  
- ☐ CE-200 Exempt  
- "NYC DOHMH, 125 Worth Street, New York, NY 10013" is listed as the certificate holder.

**General Liability**

☐ Proof Attached (showing policy number, expiration date, coverage amount)

**Vehicular Liability**

Does your program own, rent, or charter vehicles for Trips or Pick Up/Drop Off Service?

- ☐ Not Applicable  
- ☐ Yes - Proof Attached (showing policy number, expiration date, coverage amount)

---

**Section I - SAFETY PLAN**

Check one:

- ☐ New Safety Plan Submitted  
- ☐ Safety Plan previously submitted, updated pages attached  
- ☐ Safety Plan previously submitted, no updates needed

**Section J - PARENT INFORMATION STATEMENT**

Section 48.29 of the NYC Health Code requires a written statement be provided by each camp to all parents or guardians describing that

1) the camp is licensed by the New York City Department of Health and Mental Hygiene  
2) is inspected twice yearly and includes the address where inspection reports are filed  

☐ The above information will be provided to parents/guardians with the enrollment application forms and/or enrollment contract forms.

---

**SIGNATURE**

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

Signature of Camp Operator/Director: ____________________________ , ___/___/____

Date

Print Name: __________________________________________

PENALTY FOR FALSE OR MISLEADING STATEMENTS - MADE ORALLY OR IN WRITING - MAY RESULT IN A MONETARY VIOLATION AND/OR IN A DENIAL OR REVOCATION OF YOUR SUMMER CAMP PERMIT.
Instructions for Completing the State Central Register Database Check Form

Please note that all applicants must provide their complete addresses which they have resided for the last 28 YEARS.

It is extremely important that all information on the form can be easily read, so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the camp program. If the form is incomplete or illegible, it will be returned to you for corrections.

APPLICANT/HOUSEHOLD MEMBER AREA:
- First line: Indicate your name. Last name first.
- Second line: Any maiden names, previous married names, or aliases by which you have been known. Circle whether it’s maiden or alias. Use additional lines if there is more than one maiden/married/alias name to be listed. Indicate “NONE” if there are no maiden or alias names.
- If there are no other household members, check off box □ if you live alone below the “Maiden/Alias” line.
- Remaining lines: Indicate the names of all household members. All household members that live with you are to be listed in this area of the form, regardless if they are related or not. Include all adults, children and roommates. (Attach an additional page if needed.)
  - First column: indicate the relationship to the applicant, of each person listed as spouse, child, family member, or other.
  - Third column: indicate the sex. Fill in either M (Male) or F (Female) for each person listed.
  - Last column: fill in date of birth (mm/dd/yy) for each person listed.

ADDRESS AREA:
- Indicate all addresses that you have resided for the last 28 years or since birth in date order.
- Complete addresses are required. Include building number, street name/number, city/town/village and zip code. Post Office box numbers are not acceptable.
- If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. Be sure that there are no periods of time unaccounted for.
- The top line is for the current address. The previous address should be listed on the second line downward, and so on going back 28 years or since birth. (Attach an additional page if needed.)

SIGNATURE AREA:
- Only the applicant’s signature is required.
- The signatures should match the applicant’s name. For example, William Smith should not sign Will Smith.
- All signatures must be dated (mm/dd/yyyy). The SCR will not accept a form with a signature date more than 6 months old.

Rev. 11/24/2014
The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the “Category” box above are also on the reverse side of this form.

FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE “NONE” List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.

APPLICANT/HOUSEHOLD MEMBER AREA

<table>
<thead>
<tr>
<th>Relationship to Applicant</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>SEX</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT</td>
<td>DOE</td>
<td>JANE</td>
<td>F</td>
<td>5 9 63</td>
</tr>
<tr>
<td>MAIDEN ALIAS</td>
<td>SMITH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPOUSE</td>
<td>DOE</td>
<td>JOHN</td>
<td>M</td>
<td>2 1 54</td>
</tr>
<tr>
<td>SON</td>
<td>DOE</td>
<td>JOHNNY</td>
<td>M</td>
<td>7 7 83</td>
</tr>
<tr>
<td>DAUGHTER</td>
<td>DOE</td>
<td>JANICE</td>
<td>F</td>
<td>3 20 02</td>
</tr>
</tbody>
</table>

Please provide your current address and any other addresses at which you have resided for the last 28 YEARS, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 and older. Attach additional pages if necessary.

I affrm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT’S SIGNATURE: Jane Doe  DATE: 1/15/2015

Campl Name: Johnny B Good Day Camp  CAMIS/RECORD ID#: 42322125

Camp Address: 75 South Camp Road, Down Town, NY 10699
OFFICE OF CHILDREN AND FAMILY SERVICES  
STATEWIDE CENTRAL REGISTER DATABASE CHECK  
Agency Use Only

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>AGENCY CODE</th>
<th>RESOURCE I.D. (RID)</th>
<th>CHILD CARE FACILITY SYSTEM (CCFS) NUMBER</th>
<th>CATEGORY USE ALPHA CODE</th>
<th>PHONE NUMBER (Area Code):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOHMH</td>
<td></td>
<td></td>
<td>M</td>
<td>(646) 632-6100</td>
</tr>
</tbody>
</table>

PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:
The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the “Category” box above are also on the reverse side of this form.

**FOR ALL CATEGORIES:** Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE “NONE” LIST RELATIONSHIP IN THE FIELDS BELOW (see reverse side for instructions) Attach additional page if necessary.

The purpose of collecting the demographic data on other persons in your household who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty, whether the person(s) being screened is the subject of an indicted child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA**

**PLEASE TYPE OR PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Relationship to Applicant</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>SEX (M/F)</th>
<th>DATE OF BIRTH (mm/dd/yy)</th>
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</thead>
<tbody>
<tr>
<td>APPLICANT</td>
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<tr>
<td>MAIDEN/ALIAS</td>
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</table>

☐ ◦ Check this box if you live alone.

Please provide your current address and any other addresses at which you have resided for the last 28 YEARS, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 and older.

<table>
<thead>
<tr>
<th>CURRENT STREET ADDRESS</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>FROM / MONTH / YEAR</th>
<th>TO PRESENT</th>
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<tr>
<td>PREVIOUS STREET ADDRESS</td>
<td>APT #</td>
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I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT’S SIGNATURE DATE APPLICANT’S SIGNATURE DATE

**Camp Name:** __________________________________________________ **RECORD ID#:___________________**

**Camp Address:** ______________________________________________________________________________________
This page is intentionally left blank.
### Applicant Name:

Print clearly. All dates must be consecutive. Be sure to associate address histories with particular individuals.

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<thead>
<tr>
<th>Previous Street Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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STAPLE TO LDSS-3370 (IF NEEDED)
STATE CENTRAL REGISTER DATABASE CHECK FORM ADDITIONAL PAGE
(Use only if the space on the LDSS-3370 form is not sufficient)

**APPLICANT NAME:** ____________________________

**Other Household Members** are (please print clearly):

<table>
<thead>
<tr>
<th>SCR Use Only</th>
<th>Relationship to Applicant</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
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Prospective Children’s Camp Director Certified Statement

Relative to Conviction of a Crime or the Existence of a Pending Criminal Action

CAMIS/RECORD ID#: __________________________

Director’s Name: _____________________________________________ Date of Birth: ____/____/_______

Home Address: _______________________________________,__________________ _,_____ ,__________

Have you ever been convicted of a crime (i.e. misdemeanor felony) or do you presently have a criminal action pending against you?

Yes ☐  No ☐  If “Yes”, submit a copy of the disposition and provide the following information:

1. The date of the incident which resulted in the criminal conviction or charge:____/____/________

2. The date of the conviction or charge:____/____/________

3. The crime you were convicted of or are presently charged with:

   ________________________________________________________________________________
   ________________________________________________________________________________

4. The nature of the incident which resulted in the criminal conviction or charge:

   ________________________________________________________________________________
   ________________________________________________________________________________

5. The city, county and state you were convicted in or are presently charged in:

   ________________________________________________________________________________

6. The name of the court you were convicted in or are presently charged in:

   ________________________________________________________________________________

7. The penalties imposed as a result of the conviction (i.e., fine, jail term, restitution, etc.):

   ________________________________________________________________________________

8. For each of the penalties imposed, list on the other side or a separate sheet of paper, the date the penalty was complied with (i.e. date fine or restitution was paid in full, date jail term was completed, etc.)

I, ____________________________________, certify under penalty or perjury that the above information is complete and accurate.

Signature: _____________________________________________ Date: ____/____/________

Sponsor/Camp Name: _____________________________________________________________________

Camp Address: _______________________________________,__________________ _,_____ ,__________

DCR 18 - Certified Statement Relative to Conviction of a Crime

Rev. 11/24/2014
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Trip Itinerary & Parental Consent Form

For Off-Site and Swim Trips

**Trip Date & Swim Hours**

<table>
<thead>
<tr>
<th>Parental Consent</th>
<th>Camp Address</th>
<th>Trip Destination &amp; Complete Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>123 Main St., Anytown, 55555</td>
<td><strong>Building Address</strong></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>123 Main St., Anytown, 55555</td>
<td><strong>Building Address</strong></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>123 Main St., Anytown, 55555</td>
<td><strong>Building Address</strong></td>
</tr>
<tr>
<td>No</td>
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<tr>
<td>Yes</td>
<td>123 Main St., Anytown, 55555</td>
<td><strong>Building Address</strong></td>
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<td>No</td>
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</tbody>
</table>

**Travel Dates & Transportation**

<table>
<thead>
<tr>
<th>Mode of Transportation</th>
<th>Activities</th>
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</table>

**Parental Consent:**

I, _____________________________________, the parent/legal guardian of _____________________________________,

(Child Name)

__________ hereby give permission for him/her to participate in the trips and activities as indicated on the above itinerary.

(Consent Signature)

Date: ____________________

**If camp uses “public transportation”, indicate:**

**Session #:**

CAMIS/RECORD ID#:

CAMPS/RECORD ID#:

**Camp Name:**

**Camp Address:**

**Building Address:**

For Off-Site and Swim Trips

Trip Itinerary & Parental Consent Form

Bureau of Child Care

NYC Health
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BUREAU OF CHILD CARE
RESOURCE LIST FOR SUMMER CAMP PERMIT APPLICANTS

Bureau of Child Care (BCC) Administrative Office
For more information, visit: www.nyc.gov/health/childcare. Please direct questions to the office in which you plan to operate your Summer Camp. Walk-in hours at all offices are Tuesday through Thursday, from 9 a.m. to 4 p.m., or by appointment.

Fee Processing Unit
125 Worth Street, 3rd Fl, Room 315, Box 68
New York, NY 10013
Tel: (646) 632-6100
Fax: (347) 396-8054

Bureau of Child Care (BCC) Borough Offices

Manhattan/Staten Island Office
125 Worth Street, 9th floor, Room 916, Box 40
New York, NY 10013
Tel: (646) 632-6305
Fax: (347) 396-8953

Bronx Office
1309 Fulton Avenue, 4th floor
Bronx, NY 10456
Tel: (718) 579-7775 Fax: (347)396-8959

Brooklyn Office
195 Montague Street, 4th floor
Brooklyn, NY 11201
Tel: (718) 222-6323
Fax: (347) 396-8957

Queens Office
90-27 Parsons Boulevard, Suite 300
Jamaica, NY 11432
Tel: (718) 480-2263/2265
Fax: (347) 396-8955

Other New York City Agencies
Call 311, or (212) NEW-YORK from outside NYC, for information about government services or visit 311 online at: www.nyc.gov/311.

How to Search for a Certificate of Occupancy
To search for an existing Certificate of Occupancy, visit NYC Department of Buildings website: www.nyc.gov/buildings For information and application forms to amend or apply for a Certificate of Occupancy (CO) or Letter of No Objection (LNO) visit: http://www1.nyc.gov/site/buildings/about/forms.page

How to Obtain a Certificate of Fitness
NYC Fire Department: http://www.nyc.gov/fdny
The Fire Department issues Certificates of Fitness by providing written examinations to applicants. A valid Certificate of Fitness is required by laws and regulations to conduct child care within New York City. One employee at the child care service must hold a Certificate of Fitness for Fire Alarm Systems and other Related Systems called,”S-95.” This Certificate is valid for three years, and must be renewed by the expiration date through payment of the renewal fee to the Fire Department. For more information, visit: http://www1.nyc.gov/site/fdny/business/all-certifications/certificates-of-fitness.page or contact: (718)999-1988 or (718)999-2504.
NYS Sex Offender Registry

Article 13-B of Public Health Law requires children’s camp operators to determine whether an employee or volunteer is listed on the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry. Checks of the Registry must be completed prior to the day the employee or volunteer starts work at the camp and annually thereafter prior to their arrival at camp. The law applies to all children’s camps (day, traveling day and overnight) and to all prospective employees and volunteers at the camp regardless of their job title/responsibilities or employment status (full or part-time). For more information regarding the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit their website [http://www.criminaljustice.ny.gov/nsor/800info_cdsSubmit.htm](http://www.criminaljustice.ny.gov/nsor/800info_cdsSubmit.htm)

How to Submit a Child Abuse Clearance Form

State Central Register for Child Abuse and Maltreatment (SCR)

As part of the initial permit application process, Camp Directors proposing to operate a summer camp must complete and submit a hard copy of the child abuse clearance form (LDSS-3370), along with the application to their respective BCC borough office. This form and instructions may be downloaded from our webpage at [www.nyc.gov/health/camps](http://www.nyc.gov/health/camps) (click on “Camp Directors’ Information”, then “Obtain a Permit to Operate a Summer Camp”).

NYC Child Care Connect is an online portal that includes a group child care center directory and a free messaging service that parents and caregivers can sign up for to receive notifications about specific child care centers. Profiles include the program’s approved age range, capacity, years in operation and a three-year performance summary. Visit [www.nyc.gov](http://www.nyc.gov) and search for “NYC Child Care Connect”

REMINDER:

As a mandated reporter, you are legally required to report suspected child abuse or maltreatment. Mandated reporters include school staff, medical professionals, child care providers and others.

Call **1-800-635-1522** or **311** to report suspicions of child abuse or neglect.

If a child is in immediate danger, call **911**.
Examples of ACCEPTABLE Proof of Insurance for Summer Camps

**C-105.2** - Certificate of Participation in Worker's Compensation Group Self-Insurance

**U-26.3** - Certificate of Worker's Compensation

**SI-12** - Certificate of Worker's Compensation Self-Insurance

**DB-155** - Certificate of Disability Benefits

**DB-1-20.1** - Certificate of Disability Benefits (issued by applicant's insurance carrier)

**DB-1-155** - Certificate of Disability Benefits Self-Insurance

**GSI-105.2** - Certificate of Participation in Worker's Compensation Group Self-Insurance

**SI-155** - Certificate of Worker's Compensation Self-Insurance

**DB-1-120.1** - Certificate of Disability Benefits (issued by applicant's insurance carrier)

**C-105.2** - Certificate of Worker's Compensation
the certificate should indicate that the camp program is an "additional insured."

If a transportation service has provided their Vehicle Insurance certificate, the certificate should indicate that the camp program is an "additional insured."

Worth Street, CN17A, New York, NY 10013 as the Certificate Holder.

name the Department of Health and Mental Hygiene, located at 125

Workers' Compensation and Disability policy must

Examples of ACCEPTABLE Proof of Insurance for Summer Camps