



NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Oxiris Barbot, MD
Commissioner

Simone C. Hawkins
Assistant Commissioner

January 13, 2020

Bureau of Child Care
125 Worth Street
Suite 315 - Box CN68
New York, NY 10013

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Dear Camp Operators:

The Department of Health and Mental Hygiene (DOHMH) welcomes all summer camp operators to the 2020 summer camp season. Camp operators from prior camp seasons must apply to renew their summer camp permit in order to provide care during the 2020 summer months. Beginning January 2020, operators must submit their application **at least 90 calendar days prior** to camp start date.

In an effort to facilitate application submission and processing, returning applicants are encouraged to submit their renewal application in person to their respective [borough office](#).

Summer camps that are required to pay the \$200 fee may submit payment through the online licensing system by visiting www.nyc.gov/dohmhpermits, where you may also conveniently submit the summer camp application. Another option is to submit the payment in-person to the Administrative Office located at 125 Worth Street, Rm 315, New York, NY 10013. The payment must be in the form of a U.S. Postal Money Order or certified bank check (made payable to NYC DOHMH.) Please ensure your Record ID (CAMIS) number is indicated on the check and on all other documents you submit.

On December 13, 2019, the Board of Health approved revisions to Article 48 of the New York City Health Code. A list of these changes, in the form of a guidance document entitled "Article 48 Revisions: What Camp Operators Need to Know," will be sent to you in the coming weeks, in addition to being available on our website.

Also, starting this year the revised "Children's Camp Facility and Staff Description" form now requires operators to indicate the number of campers you intend to enroll for the coming camp season as well as the number of counselors you will assign to supervise.

Camps that have not yet hired a Camp Director, Health Director or Aquatics Director (if applicable), may indicate "Pending" on the Children's Camp Facility and Staff Description form. However, all of their qualifications and forms must be submitted to your respective borough office, prior to permit issuance. In addition, new Camp and Aquatic Directors must attend a free in-person orientation prior to permit issuance. Registration begins February 3rd. Attendees may register by visiting www.nyc.gov/health/register.

For general camp information or further guidance on submitting your permit application, e-mail campinfo@health.nyc.gov.

The DOHMH wishes you a successful and safe summer camp season as you continue to provide for the health and safety of children in your care.

Sincerely,

Simone C. Hawkins,

Assistant Commissioner

SUMMER CAMP PERMIT **RENEWAL** APPLICATION PROCEDURES

BUREAU OF CHILD CARE

SUBMIT YOUR APPLICATION AT LEAST 90 DAYS PRIOR TO THE START DATE OF YOUR CAMP.

Step 1:

Payment

- If your camp program is for-profit, payment in the form of a \$200 U.S. Postal Money Order or Certified Bank Check is required. Payments shall be made in person at the Bureau of Child Care Administrative Office, located at 125 Worth Street, Room 315, New York, NY, 10013.
- Fee-Exempt programs that are not-for-profit must submit proof of 501(C)(3) tax exemption status – a Department of Treasury Letter and a letter on camp organization letterhead of “current and good-standing” with your tax exemption status to their respective [Borough Office](#). (Submit with your application in Step 2 below.)

Step 2:

After completing step 1, SUBMIT ALL DOCUMENTS IN THIS CHECKLIST IN PERSON TO THE [BOROUGH OFFICE](#) OF WHERE YOU OPERATE.

- Self-Certification Checklist
- Letter of No Objection (LNO) - required if previously submitted letter has expired
- Children’s Camp Facility and Staff Description

Camp Staff Forms and Qualifications

- Camp Director’s Resume
- Camp Director's Statewide Central Register Database Check
- Prospective Children’s Camp Director Certified Statement
- Health Director’s [CPR Certification](#)
- Health Director’s [Advance First Aid Certification](#)

The following 3 documents are required if your camp provides swimming, boating, or aquatic theme park services

- Aquatic Director’s Resume
- Aquatic Director’s [Lifeguard Management Certification](#)
- Aquatic Director’s [CPR Certification](#)
- Trip Itinerary and Parental Consent Form
- Certificate of Worker's Compensation Insurance
- Certificate of Disability Benefits Insurance
- Proof of Comprehensive Liability Insurance
- Proof of Motor Vehicle Insurance (if owned or non-owned vehicles are used)
- Any updated pages of your [NYC Summer Camp Safety Plan](#)
Copies of the safety plan must also be retained on site.

Step 3:

New Camp Directors and Aquatics Directors must attend an Orientation Session. You must register by visiting the “[Online Service Registration](#) web page”

After attendance, you will be given a certificate which will be required before you receive your permit.

SUBMIT YOUR APPLICATION EVEN IF YOU HAVE NOT YET ATTENDED AN ORIENTATION.

Review Article 48 of the New York City Health Code and Subpart 7-2 of the State Sanitary Code for all permit requirements at www.nyc.gov/health

RESOURCE LIST FOR SUMMER CAMP PERMIT APPLICANTS

Bureau of Child Care Borough Offices

For any questions, contact the office in the borough where your Summer Camp is located. Walk-in hours at all offices are Tuesday through Thursday, 9 a.m. to 4 p.m., or by appointment. For more information, you can also visit www.nyc.gov/health/camps.

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: (347) 854-1971 or (347) 854-1972
Fax: (347) 396-8960

Brooklyn Office

195 Montague Street, 4th floor
Brooklyn, NY 11201
Tel: (718) 222-6390 or (718) 222-6399
Fax: (347) 396-8957

Queens Office

90-27 Parsons Boulevard, Suite 300
Jamaica, NY 11432
Tel: (718) 553-3981
Fax: (347) 396-8955

Administrative Office

125 Worth Street, Room 315
New York, NY 10013
Tel: (646) 632-6100 | Fax: (347) 396-8054

How to Search for a Certificate of Occupancy or Apply for a Letter of No Objection

To search for an existing Certificate of Occupancy, visit www.nyc.gov/buildings.

To amend or apply for a Certificate of Occupancy or Letter of No Objection, go online to

<http://www1.nyc.gov/site/buildings/about/forms.page>. You can also visit one of the following NYC Department of Buildings [borough offices](#):

Manhattan

280 Broadway, 3rd Floor
Tel: (212) 393-2614

Bronx

1932 Arthur Avenue, 5th Floor
Tel: (718) 960-4710

Staten Island

10 Richmond Terrace, Borough
Hall, 2nd Floor
Tel: (718) 420-5400

Brooklyn

210 Joralemon Street, 8th Floor
Tel: (718) 802-3675

Queens

120-55 Queens Boulevard
Kew Gardens
Tel: (718) 286-7620

How to Get an FDNY Certificate of Fitness

A valid Certificate of Fitness is required for operators to conduct summer camps in New York City. One employee at a summer camp program must hold a **Certificate of Fitness for Fire Alarm Systems and other Related Systems**, also called “S-95” as well as a **Certificate Fitness for the Fire Drill Conductor – “F-07/W-07”**. The NYC Fire Department issues Certificates of Fitness by providing written examinations to applicants. 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, see the [FDNY Certificate of Fitness FAQ](#) Brochure, visit <http://www.nyc.gov/fdny> or call (718) 999-1988 or (718) 999-2504.

New York State Sex Offender Registry

Article 13-B of the Public Health Law requires children’s Summer Camp operators to determine whether an employee or volunteer is listed on the NYS Division of Criminal Justice Services Sex Offender Registry. Operators must complete checks of the Registry prior to the day the employee or volunteer starts work at the camp. Operators must conduct these checks for all employees and volunteers each year prior to their arrival at camp. This law applies to all children’s Summer Camps (day, traveling day and overnight) and to all prospective employees and volunteers at the camps, regardless of their job title/responsibilities or employment status (full or part-time). For more information about the Division of Criminal Justice Services Sex Offender Registry, call (518) 457-3167 or visit http://www.criminaljustice.ny.gov/nsor/800info_cdsubmit.htm.

Health Academy

Summer Camp programs that prepare and serve food on site, must have a supervisor of food preparation and service complete the 15-hour *Food Protection Certificate* course. To register for the 15-hour course, visit <http://www1.nyc.gov/site/doh/business/health-academy/food-protection-online-free.page>. If food is catered by a permitted or licensed establishment, or if food is transported to a camp from the NYC Department of Education’s Summer Feeding Program a supervisor must have completed the 4-hour *Soup Kitchen and Summer Camp Workers* food protection course. To register for the 4-hour course, call 311.

Additional Resources

Other New York City Agencies

Call 311, or (212) NEW-YORK from outside NYC, for information about government services. You can also visit 311 online at www.nyc.gov/311.

NYC Department of Health — Office of Public Health Engineering

For information on getting pool safety approval for a camp-grounds swimming pool, call (718) 310-3717.

NYC Department of Youth & Community Development — Summer Youth Employment Program

For information on becoming a worksite for Summer Youth Workers call the Summer Youth Hotline at (800) 246-4646.

NYC Department of Education School Foods Services — Summer Feeding Program

For information on getting food through the Summer Feeding Program, call (718) 707-4380 or (718) 707-4383. You can also register by visiting www.schoolfoodnyc.org.

NYS Worker's Compensation Board

For information on getting worker’s compensation and disability insurance for paid workers, call (877) 632-4996 or visit <http://www.wcb.ny.gov/>.

Mandated Reporter Resource Center

Free online training on child abuse and maltreatment is available at <https://www.nysmandatedreporter.org/TrainingCourses.aspx>

Child Abuse:

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, camp directors and others. See the [Mandated Reporter Summary Guide](#) (PDF) for more information.

To report suspicions of child abuse or neglect, call **(800) 635-1522** or **311**.
If a child is in immediate danger, call **911**.

Insurance Requirements for Summer Camps

Before the Department can issue a camp permit, you must prove compliance with [Workers' Compensation](#), [Disability Benefits Insurance](#) requirements, as well as Comprehensive Liability for Illness and Injury, and Motor Vehicle Insurance for owned or non-owned transportation units.

Proof of coverage shall be submitted with your permit application, be made available at the time of inspection and upon the Department's request.

<p>1. Workers' Compensation Submit one from this list:</p> <ul style="list-style-type: none"> • Form C-105.2 (issued by your insurance carrier) • Form U-26.3 (issued by the State Insurance Fund) • Form SI-12 • Form GSI-105.2 • Form CE-200 (if exempt) <p>NYC Department of Health and Mental Hygiene, 125 Worth Street, CN17A, New York, NY 10013 must be listed as the Certificate Holder.</p>	<p>2. Disability Insurance Submit one from this list:</p> <ul style="list-style-type: none"> • Form DB-120.1 (issued by your insurance carrier) • Form DB-155 • Form CE-200 (if exempt) <p>NYC Department of Health and Mental Hygiene, 125 Worth Street, CN17A, New York, NY 10013 must be listed as the Certificate Holder.</p>
<p>3. Comprehensive Liability Proof must show the following:</p> <ul style="list-style-type: none"> -Camp name and address -Policy number -Expiration date -Coverage Amount: accident and health insurance at a minimum coverage of \$1,000 for accident, \$300 for illness for each staff member or campers. <p><u>Traveling camps</u> shall have a minimum coverage of \$5,000 for accident, \$1,000 for illness for each staff member and camper, and a minimum liability of \$100,000 for death or injury to one person.</p>	<p>4. Motor Vehicle Insurance Proof must show the following:</p> <ul style="list-style-type: none"> -Camp name and address -Policy number -Expiration date -Coverage Amount: owned and non-owned vehicles shall be covered by a minimum of \$100,000 for death or injury to any one person and \$500,000 for two or more persons.

Where do I get these forms?

Contact your insurance carrier for these forms. See examples on the next two pages.

Do I have to submit new forms each time I apply?

Yes, please submit NEW forms with each permit application.

We are unable to substitute insurance forms submitted with recent permit applications. The legal entity named on the insurance forms must match the Legal Operator listed on the permit application.

Examples of acceptable certificates (continued):

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

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1 - To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier.

1. Legal Name and Address of Insured (Use street address only) 1B. Business Telephone Number of Insured

PROVIDER'S INFORMATION

2. Name and Address of the Entity Issuing Proof of Coverage (Entity Being Licensed as the Certificate Holder)

New York City Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013

3. Name of Insurance Carrier
4. Federal Employer Identification Number of Insured or Insured Employer
5. Policy Number of entity listed in item "1A"
6. Policy effective date

4. Policy cover: a. All of the employer's employees eligible under the New York Disability Benefits Law b. Only the following class or classes of the employer's employees

Under penalty of perjury, I certify that an actual, independent investigation has been made of the insurance carrier information above and that the insured named has NYS Disability Benefits Law coverage as described above.

Date Signed: _____ By: _____
(Signature of Insurance Carrier or Licensed Insurance Agent or Licensed Insurance Agent of that Carrier)

Telephone Number: _____ Title: _____

PROVIDER'S INFORMATION

3. Name and Address of the Entity Issuing Proof of Coverage (Entity Being Licensed as the Certificate Holder)

New York City Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013

4. Policy cover: a. All of the employer's employees eligible under the New York Disability Benefits Law b. Only the following class or classes of the employer's employees

Under penalty of perjury, I certify that an actual, independent investigation has been made of the insurance carrier information above and that the insured named has NYS Disability Benefits Law coverage as described above.

Date Signed: _____ By: _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number: _____ Title: _____

Please Note: Only insurance carriers licensed under NYS Disability Benefits Insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance Brokers are NOT authorized to issue this form.

DB-120.1 (3-04)

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

FORM DB-155

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
SELF-INSURANCE OPTION
ALBANY, NY 12247
PHONE: 518-487-4600
FAX: 518-487-4601

COMPLIANCE WITH DISABILITY BENEFITS LAW
(Required by Section 110 of the New York State Insurance Law)

EMPLOYER: PROVIDER INFORMATION
FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____
LOCATION OF OPERATION: _____
ADDRESS (HOME OR MAIN OFFICE): _____
PROVIDER INFORMATION

There are no files with the Workers' Compensation Board indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

By approval with the Workers' Compensation Board of the Disability Benefits Law
 By a written agreement with the Workers' Compensation Board pursuant to Section 111, subsection 3 of the Disability Benefits Law and compliance with subsection 3 of the Disability Benefits Law with self-insured insurance carrier(s).

Date: _____
By: _____
Title: _____

DB-155 (04)
THIS AGENT CANNOT BE HELD RESPONSIBLE WITHOUT INVESTIGATION

New York State Workers' Compensation Board 29

Comprehensive Liability or Motor Vehicle Insurance
Comprehensive and Motor Vehicle Insurance certificates must show, Policy #, Coverage Amount, and Expiration

ACORD POLICY 1 OP 01 01
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT REPRESENT OR NEGATIVELY AFFECT IN ANY MANNER THE CONTRACT BETWEEN THE POLICYHOLDER AND THE UNDERWRITER. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE POLICYHOLDER AND THE UNDERWRITER. IF SUBROGATION IS WAIVED, RIGHT TO SUIT SHALL BE PRESERVED. THIS POLICY IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF EACH POLICY. LIMITS SHOWN MAY BE EXCEEDED BY ENDORSEMENTS.

PROVIDER INFORMATION

INSURED: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: 516-748-8888 FAX: _____
EFFECTIVE DATE: _____ EXPIRES: _____
CLASSIFICATION: _____ RISK CODE: _____

COVERAGES

FORM OF COVERAGE	CLASSIFICATION	DESCRIPTION	AMOUNT	EXPIRES
A	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
B	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
C	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
D	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
E	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
F	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
G	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
H	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
I	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
J	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
K	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
L	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
M	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
N	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
O	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
P	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
Q	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
R	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
S	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
T	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
U	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
V	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
W	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
X	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
Y	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12
Z	1	COMPREHENSIVE LIABILITY	1,000,000	10/01/12

ACORD 25 (08/08) The ACORD name and logo are registered marks of ACORD.

CE-200 - **Exemption** of Worker's Compensation and/or Disability Insurance

Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Benefits Insurance Coverage

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): PROVIDER'S INFORMATION
Business Applying For: OTHER NUMBER DAY CAMP PREMIT

Workers' Compensation Exemption Statement

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE for the following reason:
The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE for the following reason:
The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PEP, RLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (no a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, LUCIAN GATHERER, as the President with the above named legal entity, I affirm that due to my positive will, the above named business I have the knowledge, information and authority to make this Certificate of Exemption. I hereby affirm that the statements made herein are true, that I have not made any material false statements and I make this Certificate of Attestation of Exemption under the penalty of perjury. I further affirm that I understand that any false statements, representations or concealment will render me liable criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I am hereby affirm that I understand that the workers' compensation insurance and disability benefits coverage is required, the above named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and subsequently furnish proof of that coverage on forms approved by the Chief of the Workers' Compensation Board to the government entity listed above.

SIGN HERE: Signature: _____ Date: 5/11/12
Exemption Certificate Number: _____ Received: _____
May 11, 2012
NYS Workers' Compensation Board

CE-200 (12/08)

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New York city Department of Health and Mental Hygiene
Summer Camp Self-Certification Checklist
 (for permit renewal only)

Record ID#: _____ Camp Name: _____

Camp Address: _____ Borough: _____ Zip Code: _____

INSTRUCTIONS: Please answer each question by checking (✓) **Yes**, **No** or not applicable (**N/A**). For each item checked **No**, you must describe the unsatisfactory conditions and how you fixed it. Refer to the New York City Health Code (NYCHC) section listed for each item.

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
BUILDING/FACILITY MAINTENANCE				
1. Is facility used to house campers safe, adequate in size for its use, clean, with watertight roof and sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is adequate surface drainage provided to allow for proper installation and operation of sewage disposal system and/or water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is vermin or weed control adequate? Is refuse, agricultural, commercial, or household pesticides and toxic chemicals properly stored to prevent hazardous conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are water fountains properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is toilet, privy, lavatory or shower in camp for developmentally disabled equipped with specialized fixtures, grab bars, controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are toilets/urinals/lavatories adequate in number, properly located, and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are there no cross-connections in water supply, sewage system, pool water system which may contaminate water supply? Are food preparation/storage areas, areas accessible to children or employees free of sewage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the water system serving camp within the acceptable contaminant levels? If required, is the treatment of the water system for disinfection or removal of contaminants continuous? Is potable (drinkable) water supply adequate and from an approved source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
BUILDING/FACILITY MAINTENANCE (Continued)				
9. Are showers adequate in number, have adequate water pressure and maintenance at the proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are windows safely guarded in camp that houses children 10 years of age and under?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there no peeling paint of unknown lead content on any surface accessible to children under 6 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is lighting and ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are sleeping quarters properly constructed or maintained? Are floor to ceiling, bed to ceiling, or bed to bed clearances adequate and is the area sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are sleeping quarters for non-ambulatory campers located only on the ground floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are campers under 6 years of age prohibited from occupying rooms, areas, and spaces above the 3 rd floor and one level below basement level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are campers under the age of 24 months prohibited from occupying rooms, areas, and spaces above and below ground level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE SAFETY				
17. Are stoves or other heat sources properly installed? Flammable materials (gasoline, kerosene, etc.) properly marked and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are two means of egress (exit) provided for all assemblage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are there an adequate number of exits provided as required? Are fire exits unobstructed and free of locking devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Is there a fire alarm system provided in a multi-story building used as sleeping quarters for 50 or more campers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
FIRE SAFETY (Continued)				
21. Is there a means of egress (exit) from buildings used for sleeping quarters by 30 or more persons protected by a minimum of three-quarter hour fire-resistant construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are fire extinguishers provided, placed in strategic and easily accessible points, inspected, tagged and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Is an automatic fire detection system with adequate smoke detectors provided in buildings 3 stories or more in height used for sleeping quarters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Are lighted exit signs provided in rooms occupied by 15 or more people or where exits are not readily visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is emergency lighting provided for halls and stairways where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are all existing electrical wiring and fixtures in good repair and safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Are tents housing five or more persons of fiber-impregnated flame-retardant variety or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CAMP EQUIPMENT				
28. Are all indoor and outdoor summer camp equipment used by campers (play equipment and/or furniture) properly installed, maintained, in good repair and of safe design?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VEHICLES				
29. Will all vehicles used by campers be provided with a DOT inspection sticker, equipped with a first aid kit, tools, fire extinguishers, and flares or emergency warning triangles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
WATER SAFETY				
30. Is the main drain grate of the pool securely in place and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is the pool bottom clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Is the pool or deck area free of glass, sharp objects, or hidden dangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Are proper depth markings provided at swimming pools or at piers, floats and platforms used for diving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Is the minimum lifesaving equipment provided at the swimming pool or waterfront as required? <ul style="list-style-type: none"> • Two rescue tubes with six feet of line or two U.S. Coast Guard-approved ring buoys at least 18 inches in diameter fitted with a quarter-inch diameter line with a length of 1.5 times the maximum width of the pool or 50 feet, whichever is less; • One reaching pole 15 feet long; • Any commercially prepared 24-unit first aid kit or, a minimum supply of band aids, bandage compresses and self-adhering gauze bandages; • A spine board, minimum size 6-foot-long and 16 inches wide, with at least 10 hand holds, and straps to hold and immobilize a victim; • A pocket face mask to assist with CPR. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Is there a 20 feet horizontal clearance between pool and overhead electrical wires? Are unprotected circuits or wiring not within 10' of pool? Is adequate emergency lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY/CONDITION	YES	NO	N/A	UNSATISFACTORY CONDITION DESCRIPTION
WATER SAFETY (Continued)				
36. Is an emergency exit from pool room provided and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Is the pool area properly enclosed, secured during non-use, and equipped with sufficient elevated towers or lookout stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD PREPARATION FACILITIES				
38. Are kitchens, dining areas and food service operations in compliance with the applicable provisions of NYC Health Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Are facilities provided for proper storage of food where campers are allowed to bring food from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Is plumbing properly maintained: hand-washing facilities provided, hot and cold running water provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Are the floors, walls and ceilings of food preparation area(s) clean, free from peeling paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Are the ventilation and lighting in the food preparation area(s) properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Are food contact surfaces (counter, cutting boards, etc.) properly constructed, installed or located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that, to the best of my knowledge, that the above information is true and accurate. I acknowledge that it is my responsibility to promptly notify the New York City Department of Health and Mental Hygiene Summer Camp Program of any changes in the status of my facility.

Operator/Director Name (Print)

Operator/Director Signature

Date of Self-Inspection (mm/dd/yy)

A COMPLETED SELF-INSPECTION CHECKLIST MUST BE SUBMITTED WITH YOUR APPLICATION TO YOUR RESPECTIVE BOROUGH OFFICE.

This page is intentionally left blank.

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/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.

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.**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE DOHMH	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: M	PHONE NUMBER (Area Code):
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 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. PLEASE BE SURE YOU COMPLETE ALL MAIDEN NAME/ NICKNAMES/ ALIASES THAT APPLY. IF NONE, STATE "NONE". RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.	
AGENCY NAME:	New York City Department of Health & Mental Hygiene			
AGENCY LIAISON:	Bureau of Child Care			
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

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

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
				mm	dd	yy
APPLICANT	DOE	JANE	F	5	9	63
MAIDEN/ ALIAS	SMITH					
	<input type="checkbox"/> ← Check this box if you live alone.					
SPOUSE	DOE	JOHN	M	2	1	54
SON	DOE	JOHNNY	M	7	7	83
DAUGHTER	DOE	JANICE	F	3	20	02

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.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
10 STRAWBERRY STREET	1 FL	APPLETON	NY	10599	8/10	PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
2 LAKE PLACE	PH	GREENTOWN	NY	10799	5/99	7/10
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
378 BROAD AVENUE	12H	LONGWOOD	NY	10999	1/93	5/99
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
123 ORANGE ROAD	6F	LEMONTOWN	NY	10699	1/90	12/92
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm 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 <i>Jane Doe</i>	DATE 1/15/2018	APPLICANT'S SIGNATURE	DATE
--	--------------------------	-----------------------	------

Camp Name: Johnny B Good Day Camp Record ID#: 42322125
Camp Address: 75 South Camp Road, Down Town, NY 10699

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE DOHMH	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: M	PHONE NUMBER (Area Code): (646) 632-6100
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.	
AGENCY NAME:	New York City Department of Health & Mental Hygiene			
AGENCY LIAISON:	Bureau of Child Care			
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

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**

Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH mm dd yy		
APPLICANT						
MAIDEN/****ALIAS						
<input type="checkbox"/> ← Check this box if there are <u>no other household members</u> .						

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.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO PRESENT
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM / MONTH YEAR	TO / MONTH YEAR

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.

Prospective Children's Camp Director Certified Statement Relative to Conviction of a Crime or the Existence of a Pending Criminal Action

Record ID#: _____

Camp Name: _____

Camp Address: _____

Borough: _____

Zip Code: _____

Camp Director's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

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: ____ / ____ / ____



This page is intentionally left blank.

Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: _____ Camp Name: _____

Camp Address: _____ Borough: _____ Zip Code: _____

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent

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

(Parent Name) (Camper Name)

_____ hereby give permission for him/her to participate in these trips and activities.

(Camper age)

Signature: _____ Date: _____

Trip Itinerary & Parental Consent

For Off-Site and Swim Trips at a Summer Camp

Record ID#: _____ Camp Name: _____

Camp Address: _____ Borough: _____ Zip Code: _____

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent

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

(Parent Name) (Camper Name)

_____ hereby give permission for him/her to participate in these trips and activities.

(Camper age)

Signature: _____ Date: _____