



Summer Camp Site Inspection Request Form

(Pursuant to Article 48 of the Health Code of the City of New York)

Health

| 1) NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH PERMIT IS TO BE ISSUED | |
|--|---------------------------|
| Name of Applicant/Owner/Sponsor | Name of Summer Camp (DBA) |

| 2) SITE ADDRESS | | 3) MAILING ADDRESS (if different from site address) | |
|-----------------|--------|---|--------|
| Building No. | Street | Building No. | Street |
| Borough | Zip | Borough | Zip |

| 4) APPLICANT CONTACT INFORMATION | | | |
|----------------------------------|-----|-------|---------|
| Tel | Fax | Email | Website |

| 5) PERMIT FOR WHICH YOU ARE APPLYING — Check <u>one</u> | | | |
|---|--|--|--|
| <input type="checkbox"/> Summer Day Camp | <input type="checkbox"/> Children's Overnight Camp | <input type="checkbox"/> Municipal Summer Day Camp | Are 20 percent or more of campers enrolled developmentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Traveling Summer Day Camp | | | |

| 6) OPERATIONAL INFORMATION — Please complete the following: | | | | | | | | | |
|--|-----------|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------|
| Expected Date(s) of Operation (MM/DD/YYYY) _____ to _____ | Days Open | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT | <input type="checkbox"/> SUN | Number of Camp Sessions _____ |
| | Hours | Open from _____ | <input type="checkbox"/> AM | <input type="checkbox"/> PM | Close at _____ | <input type="checkbox"/> AM | <input type="checkbox"/> PM | | |

| 6a) SESSION DATES | | |
|-------------------------------|----------------------------|--------------------------|
| 1ST SESSION | (MM/DD/YYYY) FROM _____ | (MM/DD/YYYY) TO _____ |
| 2ND SESSION | FROM _____ | TO _____ |
| 3RD SESSION | FROM _____ | TO _____ |
| 4TH SESSION | FROM _____ | TO _____ |

Please use another piece of paper for additional board members.

| 7) ORGANIZATION TYPE — If known, check whether applicant is an: | | 8) EMPLOYMENT IDENTIFICATION NUMBER (EIN) | |
|---|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Incorporated Organization | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit 501(c)(3) (Note: Must submit Proof of Current Non-Profit Status) | | |

| 9a) ORGANIZATION NAME — If known: | | | |
|--|-------------------|--------------------|------------|
| Name of Individual, Partnership or Incorporated of 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.

9b) OWNER/BOARDMEMBERS — If applicable

| OWNER / OPERATOR / BOARDMEMBERS | | |
|---------------------------------|-------|--------------|
| Print Name | Title | Home Address |
| | | |
| | | |
| | | |
| | | |

Please use another piece of paper for additional board members.

| 10) STAFFING — If known | PRINT NAME | HOME ADDRESS | TELEPHONE |
|----------------------------|------------|--------------|-----------|
| Camp Operator | | | |
| Camp Director | | | |

11) 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 Other _____
 School-Age Child Care Family and/or Group Family

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 Other _____
 School-Age Child Care Family and/or Group Family

If so, what is the Permit/License/Certificate or Registration number?
 Permit/License/Certificate/Registration # _____

If YES, please identify name(s) and address(es) _____

| | |
|--|--|
| <p>Have you or anyone associated with this application ever owned, operated, or worked at a residential or commercial child care service whose permit was suspended and/or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES, please identify name(s) and address(es)</p> <hr/> <hr/> |
|--|--|

12) FLOORS AND ROOMS TO BE USED FOR CARE OF CHILDREN — (Please identify the floor, room number or name and the room's anticipated use):

| FLOOR(S): | ROOM NUMBERS PER FLOOR: |
|-----------|-------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Please attach an additional sheet of paper to add more rooms.

13) PAST HISTORY

| | | |
|---|---|--|
| <p>Have you or anyone associated with this application ever operated a Summer Camp other than the one related to this application?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES please identify. Select all that apply.</p> <p><input type="checkbox"/> Summer Day Camp</p> <p><input type="checkbox"/> Traveling Summer Day Camp</p> | <p><input type="checkbox"/> Municipal Summer Day Camp</p> <p><input type="checkbox"/> Developmentally Disabled Summer Day Camp</p> <p><input type="checkbox"/> Children's Overnight Camp</p> |
|---|---|--|

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: _____

| | |
|---|--|
| <p>Have you or anyone associated with this application ever owned, operated, or worked at a summer camp whose permit was suspended and/or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>If YES, please identify name(s) and address(es)</p> <hr/> <hr/> |
|---|--|

14) SIGNATURE OF SUBMITTER

| | |
|-----------------------|-----------------------|
| Signature | Date (Month/Day/Year) |
| Print Name | Title |
| Relation to Applicant | |