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| This box for DOHMH use only |
| DC ID# |

Group Child Care Site Inspection Request NEW APPLICANT

(Pursuant to Article 47 of the Health Code of the City of New York)
(Permit Application Fee Submission Required Prior to Inspection)

PLEASE PRINT CLEARLY OR TYPE

| | |
|--|---|
| 1) Name of Permittee/Sponsor (Individual Name or Corporation Name) | 2) Name of Person Who Attended the Pre-Permit Orientation |
| 3) Commercial Name of Child Care Service (DBA) If Applicable | |

| 4) SITE ADDRESS | | 5) APPLICANT CONTACT INFORMATION | |
|-----------------|--------|----------------------------------|---------|
| Building No. | Street | Tel | Fax |
| Borough/Town | Zip | E-Mail | Website |

| 6) PERMIT FOR WHICH YOU ARE APPLYING — Check only one: | 7) ORGANIZATION TYPE — If known, check whether applicant is an: |
|---|--|
| <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> Night Care | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated Organization <input type="checkbox"/> Unincorporated Organization |

| 8) ORGANIZATION NAME AND BOARD OF DIRECTORS – If applicable: | | | |
|---|-------------------|--------------------|------------|
| 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.

OWNER/OPERATOR/BOARD MEMBERS – If applicable:

| PRINT NAME | TITLE | HOME ADDRESS |
|------------|-------|--------------|
| | | |
| | | |
| | | |
| | | |

Please use another piece of paper for additional board members.

| 9) EDUCATIONAL SUBSIDIES — Please check off any Educational Subsidy Programs your child care service will be participating in | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Early Learn (ACS or DOE contract program) | <input type="checkbox"/> ACS Managed Head Start | <input type="checkbox"/> Direct Federal Head Start | <input type="checkbox"/> Half Day 3-K |
| <input type="checkbox"/> Half Day Universal Pre-K | <input type="checkbox"/> Full Day Universal Pre-K | <input type="checkbox"/> ACS Child care Vouchers | <input type="checkbox"/> Full Day 3-K |

| 10) STAFFING — If known: | PRINT NAME | HOME ADDRESS | TELEPHONE |
|-----------------------------|------------|--------------|-----------|
| Executive Director | | | |
| Educational Director | | | |

| 11) AGES OF CHILDREN (in MONTHS or YEARS) ANTICIPATED TO BE SERVED:: | 12) SCHOOL AGE PROGRAM ON PREMISES: |
|---|---|
| FROM | <input type="checkbox"/> Yes If YES , are the types of programs for school age children? (Check all that apply): <input type="checkbox"/> Elementary School <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School Program |
| TO | |
| How many school age children (6 years of age or older) are on the premises? _____ | <input type="checkbox"/> No |

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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):

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

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

14) OUTDOOR PLAY SPACE (SPECIFY OUTDOOR AREAS TO BE USED FOR CHILDREN):

| |
|--|
| |
|--|

15) Signature of Submitter:

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