

INDIVIDUAL PROGRAM

Application for Admission

Thank you for your interest in the Individual Program at The Barn at Spring Brook Farm. This application is required for all children.
The individual Program is designed for children with disabilities ages 2-12.

After completion, please make a copy of this application for your records and mail all 4 original pages to:

The Barn at Spring Brook Farm
360 Locust Grove Road
West Chester, PA 19382

Upon receipt of this application, our Program Manager will contact you to schedule an interview.

Child's Name:	Nickname:	Date of Birth:
Emergency Contact- Parent/Guardian Name:		Relationship to Child:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Phone:	Email:	
2nd Contact- Parent/Guardian Name:		Relationship to Child:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Phone:	Email:	

How did you hear about The Barn? _____

Has your child ever participated in any of The Barn at Spring Brook Farm's programs or activities? YES NO

If yes, which one and when? _____



610-793-1037

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www.springbrook-farm.org

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Application for Admission-Part B

Child's Name:	
Name of Primary Physician:	Physician Main Phone:
Name of Child's Specialist:	Specialist Main Phone:
Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check the appropriate box below and describe allergy.	
<input type="checkbox"/> Food	<input type="checkbox"/> Environmental
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Medicine
<input type="checkbox"/> Other	
Bathroom Behaviors: Is your child potty trained? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child require diapers or pull ups? <input type="checkbox"/> YES <input type="checkbox"/> NO
Should we prompt your child to use the bathroom? How often?	
Does your child require or need special attention to any of the below? <input type="checkbox"/> YES <input type="checkbox"/> NO Mark all that apply and describe needs.	
<input type="checkbox"/> Glasses/Hearing Aid	<input type="checkbox"/> Braces/Splints/Prosthetics
<input type="checkbox"/> Wheelchair/Walker/Crutches	<input type="checkbox"/> Special Diet/Feeding Tube
<input type="checkbox"/> Medical Restrictions	<input type="checkbox"/> Other
What medication, if any, needs to be administered during their session?	
Please describe your child's disability or illness: behavior, diagnosis, etc.	
Does your child elope? Are there certain situations that result in elopement?	

Please initial all that apply:

_____ I will bring my child's medication in its original container with my child's name and administer the medication myself.

_____ I assert that I have provided accurate and truthful information to the best of my ability including any information the staff should be made aware of on this application.

Signature— Parent/Guardian: _____ Date: _____

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Application for Admission-Part C

Child's Name:

Help Us Know Your Child Better...

What are your child's strengths? Please give examples.

Does your child have specific motivators?

Does your child have specific stressors?

Describe your child's behavior.

What strategies do you suggest we use to support your child?

How does your child interact with any pets or animals?

Are there any important things to remember when working with your child? (i.e. does not like to get wet, is sensitive to the sun, etc.)

Any additional comments can be added here:

Signature— Parent/Guardian: _____ Date: _____

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Release Form

Liability Release

Parent of Guardian on Behalf of Child

This release is executed and delivered this ____ day of _____, 20____, by _____, parent/guardian of _____ on behalf of heirs, executors, administrators, successors and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at The Barn at Spring Brook Farm, Inc., Releasor hereby fully releases and discharges The Barn at Spring Brook Farm, Inc., its successors and assigns (the "Releasee") from any and all rights, claims and actions which the Releasor may now have or may hereafter ever have against Releasee arising out of (name of child) _____ participation in activities at The Barn. This Release is intended by Releasor to release any claim, damage, loss, or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, the Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature– Parent/Guardian: _____ Date: _____

Photo/Video Release

Parent or Guardian on Behalf of Child

I give my permission for photographs and/or videos of my child to be used in any Promotional/Marketing materials for The Barn at Spring Brook Farm, including but not limited to The Barn's Facebook page. The Barn's YouTube channel, and The Barn's website.

Signature– Parent/Guardian: _____ Date: _____

Acceptable Conduct Policy

Parent or Guardian on Behalf of Child

The Barn at Spring Brook Farm considers one of its primary functions is to provide an opportunity for developing independence and self-confidence through interacting with animals. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director or Program Manager consider detrimental to the child's safety, the safety of other children, staff, animals or to The Barn itself may be deemed adequate cause for disallowing the child's participating in The Barn's programs.

Signature– Parent/Guardian: _____ Date: _____

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