



# Camp Geronimo

## Application 2017

Thank you for your interest in Camp Geronimo. This application is required for all children who wish to attend the camp. Camp Geronimo is an inclusive camp for children ages 6 – 12 years old. All activities are led by a Licensed Physical Therapist. Space is limited to 16 children per session (Monday through Friday). We ensure a minimum 1:1 counselor to child ratio.

Please upload this application to our secure website and return a copy of the complete application with signatures to us by mail along with your \$20 application fee. Upon acceptance, this fee will be applied to your camp balance. If for some reason your child is not accepted to Camp Geronimo, this fee will be refunded to you.

Acceptance of campers is based on review of this application and an onsite interview at The Barn at Spring Brook Farm.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ School your child attends: \_\_\_\_\_

Circle one: Full Day    Half Day    Other    If other, please explain: \_\_\_\_\_

Has your child ever participated in a summer camp program?    YES                      NO

Has your child ever participated in Camp Geronimo?                      YES                      NO

How did you find out about Camp Geronimo? \_\_\_\_\_

Daily camp is 9AM – 2PM. During which week(s) would you like your child to attend Camp Geronimo?

<input type="checkbox"/> June 12 – June 16	<input type="checkbox"/> July 31 – August 4
<input type="checkbox"/> June 19 – June 23	<input type="checkbox"/> August 7 – August 11
<input type="checkbox"/> June 26 – June 30	<input type="checkbox"/> August 14 – August 18



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Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred method of contact:  Work Phone  Cell Phone  Home Phone  E-mail

Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred method of contact:  Work Phone  Cell Phone  Home Phone  E-mail

**EMERGENCY CONTACT PERSONS: Please list at least 2 other people we may contact in case of an emergency if we are unable to reach you.**

Name: \_\_\_\_\_ Phone while child is in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Authorized to release child to:  Yes  No

Name: \_\_\_\_\_ Phone while child is in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Authorized to release child to:  Yes  No



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Child's Name: \_\_\_\_\_

### **ADDITIONAL ADULTS AUTHORIZED TO PICK UP THE ABOVE CAMPER**

Name: \_\_\_\_\_ Phone # while child in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # while child in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # while child in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # while child in camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**Child Release: I give The Barn at Spring Brook Farm, Inc. permission to release my child to any of the individuals listed above. I understand that any changes to this list must be submitted in writing to camp staff in advance. In the event that there is a question about who my child is to go home with, a phone call will be made to parents. If a parent can't be reached my child will be kept at camp, I will be notified and I will be responsible for picking him/her up.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Child's Name: \_\_\_\_\_

### CAMPERS MEDICAL INFORMATION AND HEALTH HISTORY

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### ALLERGIES

Does your child have allergies?     Yes     No

If yes, please check the appropriate boxes below and describe allergy and reaction to allergy.

Food     Seasonal (pollen)     Environmental (bee stings)     Medicine     Other

Please describe allergy and reaction. \_\_\_\_\_

\_\_\_\_\_

### ASSISTIVE DEVICES

Please indicate if your child uses any of the following:

Glasses     Wheel Chair     Prosthetics     Hearing Aid     Walker     Braces

Crutches     Smart Device     Other

Please describe: \_\_\_\_\_

\_\_\_\_\_

### DIET AND NUTRITION

Feeding Tube     Gluten Free     Casein Free     Vegetarian     Other

Please describe: \_\_\_\_\_

\_\_\_\_\_



## Camp Geronimo Application 2017

Child's Name: \_\_\_\_\_

### BATHROOM BEHAVIORS

Is your child toilet trained?     Yes     No

Does your child require diapers or pull- ups?  Yes     No

Does your child need prompting to use the bathroom?  Yes     No

How often? \_\_\_\_\_

### MEDICATIONS

My child will not take any daily medications while at Camp Geronimo.

My child will take the following daily medications while at Camp Geronimo.

\* Medication includes vitamins and natural remedies. We REQUIRE that all medications are in the original pharmacy container with the camper's name and physician's prescription. Please provide enough medication to last the entire time while at camp.

Medication	Route	Dosage	Schedule	Comments

Please initial all that apply:

\_\_\_\_\_ I will bring my child's medication in its original container with my child's name and specific handwritten instructions and will hand-deliver to the camp nurse.

\_\_\_\_\_ 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 \_\_\_\_\_



## Camp Geronimo Application 2017

Child's Name: \_\_\_\_\_

### TELL US MORE ABOUT YOU CHILD...

What school does your child attend? \_\_\_\_\_

Does your child have a TSS or PCA at school? If yes, please specify. \_\_\_\_\_

Please describe your child's disability or illness: behavior, diagnosis, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child elope? Are there certain situations that result in elopement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have mood swings, and if so, what are the resulting behaviors? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any information that you believe would assist us in better knowing your child.

Special interests, likes/dislikes, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you hope your child will benefit from his/her camp experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If your child requires a TSS or PCA while in school, then that TSS or PCA must be present with your child at camp. If staffing is a problem, please contact The Barn to discuss your situation.

Signature- Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Camp Geronimo Application 2017

Child's Name: \_\_\_\_\_

### RELEASE OF LIABILITY

This release is executed and delivered on this day of \_\_\_\_\_, 2017, 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, that Releasor has received good, valuable and adequate consideration prior to the execution and delivery of this Release.

Signature- Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO RELEASE

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: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## Camp Geronimo Application 2017

Child's Name: \_\_\_\_\_

### ACCEPTABLE CONDUCT POLICY

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 Camp Director 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 participation in The Barn programs.

Signature- Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, please upload to our secure website for review. All applications are kept confidential. Print, sign and mail originals with a check for \$20.00 to:

[The Barn at Spring Brook Farm](#)  
[360 Locust Grove Road](#)  
[West Chester, PA 19382](#)

All applications are subject to the Camp Director's approval. Your child's spot will be reserved when all materials are received.





## Camp Geronimo Application 2017

### PAYMENT INFORMATION

COST:           \$400.00 per week

***A discounted rate of \$350.00 per week is available to families who pay in full by April 1, 2017.***

Camp Geronimo qualifies for ESY support from local districts. Check with your child’s school to see if the district will pay part or all of the camp fee. Scholarships are available to a limited number of deserving applicants who have demonstrated that they are not eligible for ESY support.

The \$20.00 application fee you submit with this document will be applied directly toward the cost of Camp Geronimo. If, for any reason, your child is not accepted to Camp Geronimo your check will be returned.

Payment in full is due 30 days prior to your child’s camp session. If payment is not received 30 days prior to your child’s camp session, another child on our waiting list will be notified that there is an opening and your child will forfeit his/her place in the camp.

2017 Camp Session Dates	2017 Payment Due Date
June 12–June 16	Friday, May 19
June 19–June 23	Friday, May 26
June 26–June 30	Friday, June 2
July 31–August 4	Friday, June 30
August 7–August 11	Friday, July 7
August 14–August 18	Friday, July 14