Camp Geronimo

Application 2016

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 return this application with the $20.00 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?

O June 13 – June 17	O August 1 – August 5
O June 20 – June 24	O August 8 – August 12
O June 27 – July 1	O August 15 – August 19

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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: _____

_____

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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 _____

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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 their 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 _____

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Child's Name: _____

RELEASE OF LIABILITY

This release is executed and delivered on this day of _____, 2016, 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 releaser 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: _____

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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 make a copy of this application for your records and mail all 8 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.

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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, 2016**.*

Once you have been notified of your child's acceptance, an $80.00 payment will be due to complete the $100.00 deposit necessary to secure your child's spot.

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.

2016 Camp Session Dates	2016 Payment Due Date
June 13–June 17	Friday, May 20
June 20–June 24	Friday, May 27
June 27–July 1	Friday, June 3
August 1–August 5	Friday, July 1
August 8–August 12	Friday, July 8
August 15–August 19	Friday, July 15