



## Aerie Experiences 2019 Program Application

Camper full name:

Date of Birth:

Grade Attended:

Camper address:

City:

State:

Zip:

Parent/Guardian name:

Relationship:

Parent/Guardian email:

Parent/Guardian address:

City:

State:

Zip:

Parent/Guardian Phone:

Emergency contact (other than guardian) name:

Emergency contact phone:

Camper diagnosis:

**New Families, please complete fully. Returning Families, please note any changes in your child's needs or functioning below.**

Camper's strengths (academic, social, behavioral, emotional):

Camper's difficulties (academic, social, behavioral, emotional):

Your goals for your child:

Allergies:

Dietary needs:

Medications:

Physical difficulties:

Motor functioning:

Sensory Integration Issues:

Swimming experience/ability:

Has your child attended sleep-away camp in the past?	Yes	No
Has your child spent the night away from home?	Yes	No

What were these experiences like for the child?

What are situations that your child finds challenging, and what have you found to be effective to manage the situation?

What specific activities help soothe and calm your child?

What physical or verbal signs do your child exhibit when he/she is becoming anxious, and what works to help manage the situation?

Describe your child's ability to communicate:

Please list your child's treatment history and Diagnosis(s):

Does your child have a history of any of the following?

Physical aggression:	Yes	No
Emotional aggression:	Yes	No
Requiring physical restraint:	Yes	No
Sexual acting out:	Yes	No
Self-harm or ideation:	Yes	No
Running away:	Yes	No
Behavior dangerous to self or others:	Yes	No
Difficulty with toileting or bed wetting:	Yes	No
Is your child sexually active:	Yes	No

**If the answers to any of the above are yes, please describe:**

Last instance:

Frequency:

Intensity:

Duration:

Are there any other issues you feel we need to be aware of?

How did you hear of us?

**To help us better identify your child's strengths please include a copy of their most recent formal psychological and educational testing.**

**Program Selection: Please check intended programs:**

**Respite and Adventure Weekends**

Fall Adventure and Respite	Sept 28 - Sept 30.....	\$450
Winter Ranch Adventure and Respite	Feb 15 - Feb 18.....	\$650
Spring Adventure and Respite	Apr 19 - Apr 21 .....	\$450

**Aerie Adults**

Aerie Adult Ranch.....	Dec 26 - Jan 2.....	\$2000
Spring Aerie Adult.....	May 3 - May 5.....	\$425

**Summer Sleep Away Camps**

(A 10% discount will be applied for all summer sleep away camp registrations **paid in full** prior to February 1, 2019)

Llama Base Camp .....	June 16 - June 22.....	\$2400
Ranch Camp I .....	June 30 - July 6.....	\$2400
Ranch Stayover I .....	July 6 - July 8.....	\$150
Ranch Camp II .....	July 8 - July 14.....	\$2400
Ranch Stayover II .....	July 14 - July 16.....	\$150
Ranch Camp III .....	July 16 - July 22.....	\$2400

- ❖ Campers can stay on the ranch between sessions. There is a \$150 fee for each stay over between ranch sessions. Laundry service is provided.

**Payment Information:**

A \$500 deposit is required to secure summer sleep away camp space (per session). All deposits for summer camps are non-refundable. No refunds are offered after May 1, 2019. Balance of payment is due May 1, 2019.

Checks should be made out to **“Aerie Experiences”**

Credit card payments (We accept Master Card, VISA, Amex & Discover)

Amount to be charged:

Choose Card Type:

Name on Card:

Card Number:

Expiration Date:

Security Code:

Billing Address:

City:

State:

Zip:

\*Signature authorization to charge card:

Email completed applications to [mdweneta@aerieexperiences.com](mailto:mdweneta@aerieexperiences.com)

or mail hard copy applications to:

Aerie Experiences  
6011 Sycamore Road  
Buford GA 30518

Yes No Staff may photograph participants before, during or while on the therapeutic course. I grant Aerie Experiences and persons acting for or representing Aerie the right to use, reproduce, assign, and/or distribute photographs, film, videotapes, and sound recordings of the participants for use in materials they may create.

**\*Parent/Guardian Signature:**

Date:

CONSENT FOR RELEASE OF INFORMATION

Name of Aerie Experiences Program Participant:

Aerie Experiences is authorized to release and/or receive verbal and/or written information regarding treatment planning, progress in treatment, aftercare recommendations and discharge summaries regarding the patient listed above.

Pursuant to 45 C.F.R., Section 164.508 of the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), I hereby authorize the disclosure of my protected health information as described above. I understand that these records may be protected under other federal and state privacy regulations as well. I also understand that these records cannot be disclosed without my written consent unless otherwise provided for in the regulations. This authorization is provided to you voluntarily. Once it is released, the information may no longer be protected by HIPAA or other state and federal regulations. I am aware that I may revoke this authorization at any time by notifying you in writing, except to the extent that you have taken actions in reliance of it and that any event this consent expires automatically as indicated below.

I further release all parties named herewith from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

Please check all that apply:

Phone Contact

Discharge Summary

Psychiatric Records

Psychological Testing

\*Applicant Signature:

Date:

\*Parent/ Guardian Signature:

Date:

List any and all individuals or service providers who may have worked with the applicant and/or family; and sign the release form so that we may communicate with them. If the applicant has attended a treatment center, hospital, or other program, please include this information. This includes Psychologists, Medical Doctors, Education Counselors, Therapists, Boarding Schools, Foster Homes, Treatment Centers, In-patient Programs, family members (if applicant is 18 or over):

Name:

Nature of Service:

E-mail Address:

Telephone Number:

Fax Number:

Dates of service:

Name:

Nature of Service:

E-mail Address:

Telephone Number:

Fax Number:

Dates of service:

Name:

Nature of Service:

E-mail Address:

Telephone Number:

Fax Number:

Dates of service: