



Aerie Experiences 2021 Program Application

Camper full name:

Date of Birth:

Current or Grade attended:

Camper address:

City:

State:

Zip:

Parent/Guardian name(s):

Relationship:

Parent/Guardian email:

Parent/Guardian address:

City:

State:

Zip:

Parent/Guardian Phone:

Emergency contact (other than guardian) name:

Emergency contact phone:

Camper diagnosis:

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

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
<u>What were these experiences like for the child?</u>		

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 does 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.

2021 Program Selection: Please check intended programs:

Summer Sleep Away Camps

Coastal Expedition	June 13 – June 19	\$2400
Llama Farm Adventure I	June 26 – July 2	\$2400
Ranch Camp I	July 10 – July 16	\$2400
Ranch Camp II	July 18 – July 24	\$2400
SCUBA Camp	July 28 – Aug 3	\$3200

- ❖ Campers can stay on the ranch between sessions. There is a \$150 fee for each stay over between ranch sessions. Laundry service is provided.
- ❖ A 10% discount will be applied for all summer camp registrations **paid in full** prior to March 1, 2021.
- ❖ Refund Policy:
Aerie will run our full slate of camps assuming COVID-19 testing is available and we believe we can significantly mitigate COVID-19 risk for our kids and staff. As knowledge and resources change, or become available, Aerie will advance our risk mitigation. In lieu of new resources, we will require COVID-19 testing within 72 hours of camp start dates for all staff and kids.

If Aerie does not believe we can successfully mitigate COVID-19 risk, we will fully refund all tuition and deposits as we did in 2020. We do not expect this to be issue.

- ❖ **Cancellations/Refunds:**
 - Camp deposits (\$500) are **only** refundable if Aerie cancels camp.
 - Camp tuition is refundable **up to** May 1, 2021.
 - Positive pre-camp COVID-19 test will receive a 50% refund
- ❖ **Payment Information:**
 - A \$500 deposit is required to secure summer sleep away camp space (per session).
 - Balance of payment is due May 1, 2021.
 - Checks should be made out to **“Aerie Experiences”**
 - Credit Cards are accepted, see page 5.
 - *Please be sure to review the Refund Policy and Cancellation/Refunds information above.*



Credit card payments (we accept MasterCard, VISA, AMEX & Discover):

Amount to be charged:

Card Type:

Card Number:

Name on Card:

Expiration Date:

Security Code:

Billing Address:

City:

State:

Zip:

*Signature authorization to charge card: _____

E-mail completed applications to mdweneta@aerieexperiences.com

Or mail hard copy applications to:

Aerie Experiences
6011 Sycamore Road
Buford, GA 30518

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, videotape, and sound recordings of the participants for use in materials they may create.

Yes N

*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:

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E-mail Address:

Telephone number:

Fax number:

Dates of service:

(if more space is needed, continue on page 7)

Name:

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