



## Aerie Experiences 2022 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 (best one for camp correspondence): \_\_\_\_\_

Parent/Guardian address (if different from above): \_\_\_\_\_

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

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 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:                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional aggression:                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requiring physical restraint:             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual acting out:                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Self-harm or ideation:                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Running away:                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Behavior dangerous to self or others:     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty with toileting or bed-wetting: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child sexually active:            | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.**

**2022 Program Selection: Please check intended programs:**

**Summer Sleep Away Camps**

<input type="checkbox"/>	Coastal Expedition	June 12 – June 18	\$2700
<input type="checkbox"/>	Arts & Adventure	June 26 – July 2	\$2700
<input type="checkbox"/>	Animal Farm & Carnival	July 10 – July 16	\$2700
<input type="checkbox"/>	SCUBA Camp	July 24 – July 30	\$3500

- ❖ A 10% discount will be applied for all summer camp registrations **paid in full** prior to March 15, 2022.
- ❖ Refund Policy: If Aerie does not believe we can successfully mitigate COVID-19 risk, we will fully refund all tuition and deposits. 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, 2022.
  - 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, 2022.
  - 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.*

**Preferred payment methods are checks and Venmo.**

**Venmo account:** @Matthew-Weneta, last four digits of mobile number: 0467

You can also pay with a credit card. Please fill in credit card information below.

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](mailto:mdweneta@aerieexperiences.com)

Or mail hard copy applications to:

Aerie Experiences  
6011 Sycamore Road  
Buford, GA 30518

Matthew Weneta *M.Ed.*  
Owner/Director  
(404) 285-0467

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: \_\_\_\_\_

Continue to next page for Consent to Release Information from healthcare professionals.



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(if more space is needed, continue on page 8)*

**Name:**

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