



Aerie Experiences Fall 2023 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.



2023 Program Selection
Please check intended programs:

Fall Camps

Fall Paddle Adventure & Respite	September 8 – 10, 2023	\$850
Fall Fishing and Target Adventure & Respite	November 3 – 5, 2023	\$750

- ❖ Refund Policy: Aerie will continue with pre-camp Covid testing. All campers, staff and support staff will test before each camp. No test or a positive Covid test will not be able to attend camp.
- ❖ **Cancellations/Refunds:**
 - Camp deposits (\$500) are **non-refundable.**
 - Aerie is no longer providing Covid refunds.
- ❖ **Payment Information:**
 - Checks should be made out to **“Aerie Experiences”**
 - Credit Cards are accepted, see below.
 - *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
Checks should be made out to **“Aerie Experiences”**

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

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: _____