



Aerie Experiences 2025 Program Application

Child's Full Name: _____

Date of Birth: _____ Current Grade or Highest Grade Attended: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Relationship(s) to Child: _____

Parent/Guardian Email (best for correspondence): _____

Parent/Guardian Phone (best contact number): _____

Parent/Guardian Address (if different than child): _____

City: _____ State: _____ Zip: _____

Emergency Contact Name and Relationship (other than parent/guardian):

Emergency Contact Phone (best contact number): _____

Child's Diagnosis/es: _____

All families – To help us identify your child's strengths, please include a copy of your child's most recent psychological/educational testing with the application.

New families – Please complete the following pages fully.

Returning families – Please note below any changes in your child's needs or functioning on the following pages.



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

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

Your goals for your child:

Allergies:

Dietary Needs:



Physical Difficulties:

Motor Functioning:

Sensory Integration Issues:

Swimming Experience/Ability:

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

What were these overnight experiences like for your child?



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

What specific activities 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/es:

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

	Yes	No
Physical Aggression		
Emotional Aggression		
Requiring Physical Restraint		
Sexual Acting Out		
Self-harm or Ideation		
Running Away/Eloping		
Behavior Dangerous to Self or Others		
Difficulty with Toileting or Bed-wetting		

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?

2025 Aerie Experiences Programs

Please select the programs for which you would like your child to participate.

Spring Programs:

	Program	Dates	Cost
	Smithgall Woods Fish Camp	April 4 th – 6 th , 2025	\$600
	Paddle Adventure	May 2 nd – 4 th , 2025	\$600

Summer Programs:

	Program	Dates	Cost
	Coastal Expedition	June 8 th – 14 th , 2025	\$2900
	Paddle Trek	June 22 nd – 28 th , 2025	\$2750
	Horse Farm	July 6 th – 12 th , 2025	\$2800
	Adult Lake House	July 20 th – 26 th , 2025	\$2950
	Adult Lake House (if first week fills)	July 27 th – August 2 nd , 2025	\$2950

Staff may photograph or video participants during Aerie Experiences programs. By my signature below, I grant Aerie Experiences and persons acting for or representing Aerie Experiences the right to use, reproduce, assign, and/or distribute photographs, video, sound recordings and/or electronic files of the participants for use in Aerie Experiences materials in print, web or social media outlets.

Parent/Guardian Signature: _____ Date: _____



Payment Information:

- Aerie Experiences will invoice for programs via email following acceptance.
- A 15% discount will be applied for all Summer Program registrations PAID IN FULL prior to February 1, 2025.
- A \$750 non-refundable deposit per session is required to secure your child's spot in the Summer Program(s).
- The remaining balance is due May 1, 2025.
- Venmo and Checks are preferred.
 - Venmo account: @Matthew-Weneta. The last four digits of the mobile number are 0467.
 - Checks should be made out to "Aerie Experiences."
- Visa, MasterCard, Discover and American Express are also accepted.

Covid Information:

- Aerie Experiences requires pre-camp Covid testing. All campers, staff and support staff must test before each camp.
- Any person with a positive test or who has not taken a test will not be able to participate in the program.
- Covid refunds are not provided.

By my signature below, I state that I have read, understand and agree to the Payment Information and Covid Information.

Parent/Guardian Signature: _____ Date: _____

Applications can be emailed to mdweneta@aerieexperiences.com or mailed to Aerie Experiences at 6011 Sycamore Road, Buford, GA 30518.