Where kids with autism shine!
Camp Rising Sun, CDD, 2300 Menaul Blvd. NE
Albuquerque, NM 87107
www.camprisingsunnm.org

<table>
<thead>
<tr>
<th>OUR MISSION IS TO …</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Provide a specialized summer camp experience for individuals with an Autism Spectrum Disorder (ASD) and their peers.</td>
</tr>
<tr>
<td>▪ Provide an opportunity for students, professionals, and volunteers to gain experience and training while working with those diagnosed with an ASD.</td>
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<tr>
<td>▪ Provide respite for parents and caregivers of individuals with an ASD.</td>
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<table>
<thead>
<tr>
<th>Campers</th>
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<tbody>
<tr>
<td>▪ Camp Rising Sun (CRS) is an overnight camp for children, ages 8-17 years, with an Autism Spectrum Disorder (ASD) and their peers.</td>
</tr>
<tr>
<td>▪ When necessary, one to one camper to staff ratio is available. Camper/staff ratios are determined according to application information. Campers are part of groups formed with peers to promote positive social experiences.</td>
</tr>
<tr>
<td>▪ Camp Rising Sun is operated at the Manzano Mountain Retreat facilities located 75 minutes from Albuquerque.</td>
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<tr>
<td>▪ Possible activities include swimming, kayaking, archery, horseback riding, ropes/challenge courses, arts &amp; crafts, music, theater, martial arts, nature/adventure, sports &amp; games, campfire, camp outs and other specialized programming determined annually.</td>
</tr>
<tr>
<td>▪ Applications are available online at <a href="http://www.camprisingsunnm.org">www.camprisingsunnm.org</a> or by contacting the main camp office at 505-272-5142 beginning January 3.</td>
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<thead>
<tr>
<th>Volunteers</th>
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<tr>
<td>▪ Counselor and program staff applications are available online or by contacting the main camp office at 505-272-5142.</td>
</tr>
<tr>
<td>▪ CRS volunteers are comprised of enthusiastic, compassionate, and motivated people. Many are university students and professionals from the community working in autism-related fields (Occupational Therapy, Speech Language Pathology, Physical Therapy, Special Education, Adapted Physical Education, Exercise Science, etc.)</td>
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<thead>
<tr>
<th>Cost</th>
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<tr>
<td>▪ There is a non-refundable, one-time application fee of $100 that must accompany the child’s application. Please apply right away.</td>
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<tr>
<td>▪ An additional $450 camper fee is required for camp attendance; the fee for the second child in a family is $400. This camper fee does not entirely cover the approximate $2,000 cost for one camper. Operation of the camp is possible from contributions, scholarship donations, and grant funding from organizations and the generosity of many other businesses, and individuals.</td>
</tr>
<tr>
<td>▪ Partial or full camperships for New Mexico residents are available based on need. However, the non-refundable $100 application fee is still due at the time of application. For a scholarship application, please call 272-5142 or print one from <a href="http://www.camprisingsunnm.org">www.camprisingsunnm.org</a>.</td>
</tr>
<tr>
<td>▪ All applications must be either mailed or hand carried to the address listed above.</td>
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<tr>
<td>▪ There will be NO refunds after May 1st.</td>
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<tr>
<th>Eligibility</th>
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<tr>
<td>Campers must be between the ages of 8-17 yrs. and have a current diagnosis of ASD, Autistic Disorder, Asperger Syndrome, or Pervasive Developmental Disorder-Not Otherwise Specified. Health management is an important aspect of CRS. All campers are considered eligible for camp participation. Should leadership staff have concerns regarding our ability to support the needs of the child to have a positive experience, a leadership or medical staff person will contact the family for additional information. It is important to complete the application as fully as possible. Responses will help determine the best staff-to-camper ratio. Unfortunately, the camp has a limited number of beds for staff and campers so we cannot admit all applicants. If your camper meets eligibility criteria he/she will either be admitted to camp or placed on the waitlist if all slots are full. Applicant behaviors/level of independence are not barriers to eligibility for CRS, so long as they do not endanger or pose a critical health concern to themselves or others. As part of the University of New Mexico, CRS upholds the no-restraint university policy at camp. If there is any reason we suspect we cannot support your child to have a positive experience at camp, we will call you to further discuss.</td>
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<tr>
<th>Donate</th>
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<tr>
<td>▪ Camp Rising Sun is a 501 (c)(3) organization; donations are appreciated and are tax deductible.</td>
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<tr>
<td>▪ Mail donations to CDD, Camp Rising Sun, 2300 Menaul Blvd. NE, Albuquerque, NM 87107; Attn: Somer Wright</td>
</tr>
<tr>
<td>▪ Designate through United Way of Central New Mexico ( #202148), or the Combined Federal Campaign (CFC # 15390) using the above information (be sure you specify Camp Rising Sun-New Mexico, since there is more than one CRS).</td>
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</table>
May 1
Remaining balances owed for camp are due on this date. **Failure to meet this deadline will result in forfeiture of camper’s spot.** Final completed health and other forms due; contact office to make other arrangements if needed.

No refunds of camper fees after May 1

January 3
Application forms are available online at [www.camprisingsunnm.org](http://www.camprisingsunnm.org) or by calling 505-272-5142.

January 31 at 4pm
Lottery deadline – completed application and application fee submitted (the completed application should include a photo, all requested information and signatures)

February 7
Families notified of lottery results/registration status

Camper assigned to camp
Application fee actually deposited February 14
Complete and return camper packet by March 15
Complete and turn in camper physical prior to camp

Camper added to wait list
Application fee returned to family. Openings will be filled from this list.

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**Kids Camp**
June 2-June 6, 2014
Camp Rising Sun
(Ages 8-12 yrs.)

**Teen Camp**
June 23-June 27, 2014
Camp Rising Sun
(Ages 12-17 yrs.)

A physical exam performed by a licensed physician within the past year, preferably within 6 months of camp, is required in order for your child to attend camp. Physicals may be turned in upon arrival to camp. Please schedule these at least 2 months prior to camp to ensure your child receives his/hers in time for camp.
Camper name (printed)_____________________

Instructions for the Application

- There is no application deadline; however, we encourage you to register as soon as possible due to limited available space.
- Applications do not guarantee a spot at camp. You will be notified of your child's admittance to camp or of their placement on the waitlist.
- A one-time, non-refundable, application fee of $100 is due at the time of application. The cost to families for camp is $450 for the first child and $400 for the second and additional children in the family. The approximate cost to host each child for 5 days/4 nights is $2,000. As always, any additional donations are appreciated and accepted, see page 1 for details.
- Those requesting a partial or full campership should check the box on page 15 indicating the need for financial assistance. The $100 application fee must be paid for each application regardless of whether or not you are applying for a campership.
- The information you provide on this form will help us better understand and support your child during his/her stay at camp as well as assist in staffing decisions. This form is also used for expressing concerns/issues the camp staff should be aware of in better serving your child in a social/recreational setting. All information provided will be kept confidential.

Please check which camp you are interested in:
Once your child is assigned to a camp, he/she may not switch since camps fill quickly.

- Kids Camp (8-12 yrs)
  June 2-June 6, 2014
  Monday-Friday
  If your camper is 12 years of age and you would like to discuss differences between camps, please contact CRS at 505-272-5142.

- Teen Camp (12-17 yrs)
  June 23-June 27, 2014
  Monday-Friday

Parent/Guardian Information (please check box(es) to indicate with whom the camper lives)

<table>
<thead>
<tr>
<th>Parent/Guardian One:</th>
<th>Parent/Guardian Two:</th>
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<tbody>
<tr>
<td>Name __________________</td>
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<tr>
<td>Home Phone __________________</td>
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<td>Work Phone __________________</td>
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<td>City __________________ State ______ Zip ______</td>
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<tr>
<td>County __________________</td>
<td>County __________________</td>
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<tr>
<td>Place of employment/position __________________</td>
<td>Place of employment/position __________________</td>
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</tbody>
</table>
# Emergency Contact 1
Name ____________________________ Relationship ____________________________
Home Phone ____________________________ Work Phone ____________________________
Cell Phone ____________________________

# Emergency Contact 2
Name ____________________________ Relationship ____________________________
Home Phone ____________________________ Work Phone ____________________________
Cell Phone ____________________________

Does your child have a sibling who is applying to attend camp as well?  Yes  No

## Camper Information

Child’s Full Name ____________________________________________________________

Name child goes by ____________________________ Date of Birth (mm/dd/yyyy) ______________

Sex:  □ Male  □ Female  Years at CRS ________ Other Camp Programs Attended ______________________________

Grade _____ School: ____________________________ Contact Email: ____________________________

T-shirt Size (circle one) Adult:  S  M  L  XL  XXL  Youth:  S  M  L  XL

Height: __________  Weight: __________

Ethnicity:  ___ Hispanic  ___ Non-Hispanic

Race (please mark all that apply to your child):

□ American Indian/ Alaskan  □ Asian  □ Black/ African American

□ Native Hawaiian/ Pacific Islander  □ Caucasian  □ Other/ Prefer not to disclose

## Child’s Primary ASD Diagnosis (please check one):

□ Autism  □ Asperger’s Syndrome  □ PDD-NOS  □ ASD

Doctor or team who provided this diagnosis ____________________________

Date of diagnosis ____________________________ Location (City, State): ____________________________

Additional Conditions- Please check all that apply to the child:

□ Intellectual Disability  □ Visual Impairment

□ Seizure Disorder  □ Hearing Impairment

□ Currently managed with medication  □ Cerebral Palsy

□ Past history with no current seizure  □ Other: ____________________________

□ Date of last seizure ____________________________

□ Behavioral Health Condition (depression, anxiety, etc)

Please describe any conditions you have indicated: ____________________________________________

________________________________________

## How did you hear about camp?

□ Advertisement  □ Word of mouth  □ Internet

□ School  □ Camp Fair  □ Family

□ Friends
Medical Background

Does your child have any dietary restrictions?

☐ I would like a copy of the camp meal menu e-mailed to me approximately two weeks before camp begins

☐ No Restrictions  ☐ Vegetarian  ☐ Vegan  ☐ Gluten Free  ☐ Lactose Intolerant

☐ Other restrictions: ____________________________________________________________

Please list all of your child’s allergies (food, medication, etc.) and the reaction: __________________________

________________________________________________________

________________________________________________________

________________________________________________________

Due to a lack of time to cook individual meals and the large number of people eating at each meal, we are limited in our ability to meet every camper’s dietary needs. Manzano Mountain Retreat kitchen staff cannot make special meals for individual campers; however, counseling staff can microwave already prepared meals provided by families. If your child needs substitute meals please plan to prepare and label all meals by date, meal, and name of child on each container. Please bring an ice chest to store these items, since refrigeration space is very limited. In making your decisions regarding your camper’s food, please keep in mind the camp kitchen staff provide a vegetarian option for every meal, and have a salad bar available for lunch and dinner.

Has your child ever been diagnosed with, or have symptoms of, any of the following psychiatric conditions?

☐ ADHD

☐ Bi-Polar

☐ Depression

☐ Thought Disorder/Auditory or Visual Hallucinations

☐ Anxiety Disorder

☐ Other: ____________________________________________________________

If you checked a box above, is your child currently being prescribed psychiatric medication or receiving behavioral health services for this condition?

___ Yes   ___ No   If yes, please describe: ____________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Insurance Information:

Health Insurance Provider: ________________________________________________________________

Doctor’s Name: ____________________________ Phone: ____________________________

For office use only:

UNM MR # ____________________________
Please list any medications or supplements with the doses and symptoms targeted:

(PLEASE NOTE: All camper medication must be written on the medical form. If medications are changed or added after the medical form is completed, WRITTEN notification is required from your camper’s PHYSICIAN. In addition, ALL medications (including vitamins and herbal or homeopathic remedies) must be sent to camp in their ORIGINAL CONTAINERS.)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Reason for taking?</th>
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<tbody>
<tr>
<td>Medication</td>
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<tr>
<td>Medication</td>
<td>Dose</td>
<td>Reason for taking?</td>
</tr>
</tbody>
</table>

Has your child ever received treatment at a residential/inpatient treatment center for behavior or other concerns?  
___ Yes  ___ No  If yes, describe (where, dates, length of stay, etc.): __________________________________________

Please describe any general health problems your child has: __________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Does your child have any physical limitations? Please describe: ______________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Does this limitation require specific accommodations? Please describe: _____________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Current School Support

Does your child have an Individualized Education Program (IEP)?  ____ Yes  ____ No

Does your child have a Behavior Intervention Plan (BIP)?  ____ Yes  ____ No

If you answered “yes” to either question please attach:

* The “Service Delivery” and “Modification and Accommodation” pages from your child’s IEP and/or
* The specific Functional Behavior Plan/ Behavior Intervention Plan for your child

Is your child in an Autism Specific classroom?  ____ Yes  ____ No

Is your child in another specialized program?  ____ Yes  ____ No

If yes, please describe __________________________________________

__________________________________________________________________________________________
What level of Special Education service does your child receive?

___ No assistance
(All general education classes, no support other than academic modifications, possible related services – OT, PT, SLP, SW)

___ Minimal assistance
(Less than 50% Special Ed classes, minimal EA support, in general education classes primarily for academic)

___ Moderate assistance
(greater than 50% special education classes, EA support in both general and special class settings, supporting transitions, academics, and some behavioral issues)

___ Intensive assistance
(All services provided in special education classes and/or EA assigned specifically to support your child, both for behavior and academics)

What current services is your child receiving in school?
___ OT ___ Speech ___ PT ___ Adaptive PE ___ Social Work/Counseling ___ Nurse/Medical Supervision _____ Other (describe): ____________________________

What services is your child currently receiving outside of school?
__________________________________________________________________________________________________________________________________________

In the following sections please check all statements that describe your child. Please answer thoroughly, giving examples. This information will help us be prepared with the appropriate support(s) for your child. When you are thinking about these questions think about the amount of support that your child needs to be safe and successful at school, or in a community outing like grocery shopping. Use additional paper if necessary.

Communication

1. How does your child get his/her message across?
   ___ uses complete sentences
   ___ uses 2-3 word phrases
   ___ uses single words
   ___ uses vocalizations, sounds, etc.
   ___ uses sign language
   ___ uses gestures, points, etc.
   ___ uses objects to communicate
   ___ takes you to things he/she wants
   ___ cries or whines
   ___ uses pictures
   ___ uses word cards
   ___ uses special system such as communication board
   ___ writes/types to communicate

   Additional Information: ____________________________
________________________________________________________________________________________

2. How do you get your child to understand what is said to him/her?
   ___ you use complete sentences
   ___ you use 2-3 word phrases
   ___ you use single words
   ___ you gesture or point
   ___ you use pictures
   ___ you use sign language
   ___ you use objects
   ___ child reads: ___ complete sentences ______ 2-3 word phrases ___ single words

   Additional information: ____________________________
________________________________________________________________________________________

Page 7 of 16
3. Does your child currently use a visual schedule? ______Yes ______No

When is the schedule used? ________________________________________________________________

Does child use a different schedule at home than school? ______Yes ______No

Which type of schedules work best with your child (check all that apply)?
___ Written Schedule ___ Full Day
___ Line Drawing Schedule ___ ½ Day
___ Photo Schedule ___ 2-3 Events at a time
___ Object Schedule ___ 1 Event at a time

Additional Information: ____________________________________________________________________

__________________________________________________________________________________________

4. Please indicate and explain whether your child can express the following concepts:

___ Yes ___ No: Can your child ask for help? ____________________________________________________

___ Yes ___ No: Does your child communicate illness or pain? ______________________________________

___ Yes ___ No: Does your child communicate dislike? _____________________________________________

___ Yes ___ No: Does your child recognize safe/unsafe situations/ appropriate fear of unsafe

situations? If no, explain: __________________________________________________________________

__________________________________________________________________________________________

Self-Help Skills

1. Mealtimes

___ child can use all utensils, is independent at mealtime.
___ child can use: ___ fork ___ spoon ___ knife
___ child drinks from a cup unassisted
___ child chews and swallows with no problems
___ child has poor appetite
___ child has an excessive appetite

Please describe your child’s typical mealtime routine (include behaviors observed while eating if any): ______

What are your child’s favorite foods and drinks? _________________________________________________

What foods will your child not eat? ______________________________________________________________

How long does it typically take your child to eat a meal? _________________________________________

2. Toileting

___ child is completely toilet-trained, uses toilet independently
___ child is partially toilet-trained, needs to be reminded to go
___ child needs some assistance using the toilet
___ child will use too much toilet paper or clog toilet
___ child needs complete assistance/total supervision in the restroom
___ child is not toilet-trained at all (wears pull ups/training pants)
How long does it take your child to use the restroom typically? 

How often does your child need to be taken to the restroom? 

How does your child let you know that he/she needs to go to the restroom? 

If your child is not toilet-trained at night, what precautions do you take (use pull ups, wake at a certain time…)?

Additional information 

3. Dressing and Undressing

  ___ child has no dressing problems
  ___ child needs help with organization of dressing (i.e. dirty vs. clean)
  ___ child can choose weather-appropriate clothing
  ___ child can dress independently
  ___ child needs help putting on: ___ shirt ___ pants ___ socks ___ underwear
  ___ child can fasten: ___ buttons ___ snaps ___ zippers
  ___ child can: ___ put on shoes ___ tie shoelaces
  ___ child can undress completely
  ___ child can undress partially
  ___ child needs a lot of assistance undressing

How long does your child’s dressing routine typically take? 

Please describe what assistance your child needs in dressing and/or undressing: 

4. Grooming

  ___ child is independent with grooming needs
  ___ child needs assistance combing/brushing hair
  ___ child needs assistance with feminine hygiene
  ___ child needs assistance brushing teeth
  ___ child needs assistance shaving

How long does it typically take to complete grooming? 

Please describe any assistance your child needs with grooming: 


5. **Bathing**

- child willingly takes showers
- child takes showers but will not initiate/needs to be reminded
- child resists showering
- child takes only baths

(PLEASE NOTE: bathtubs are not available at Camp Rising Sun (describe an alternative means to bathe)
- child resists bathing
- child needs assistance showering/bathing
- child needs assistance washing hair
- child needs assistance drying hair
- child is completely independent when bathing

How long does your child’s bathing/showering routine typically take? __________________________________________

Please describe your child’s usual bathing routine, including time of day or any special assistance he/she may need: ___________________________________________________________

________________________________________________________________________________________

6. **Bedtime**

- child goes to sleep with no problems
- child sleeps soundly until morning
- child sleeps little, wakes up easily during the night
- child gets out of bed frequently during the night
- child sleeps with light on
- child makes lots of noise at night
- child may wander at night

How long does it typically take your child to go to sleep? __________________________________________

Does your child need to be taken to the restroom during the night? ___Yes ___No. If yes, how often? ______

What do you do if your child wets the bed? ______________________________________________________

What is your child’s normal bedtime routine? ______________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**General Behavior**

Please describe positive behaviors of your child. ______________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Please indicate how often, if ever, your child does the following behaviors and the consequences for those behaviors. We appreciate the most accurate information about your child’s behaviors and how to respond to them in order to best serve all camp participants. Please give detailed information. Attach additional sheets if needed.

<table>
<thead>
<tr>
<th>Behavior (continues on next page)</th>
<th>Never</th>
<th>Seldom</th>
<th>Often</th>
<th>What you do when this occurs</th>
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</thead>
<tbody>
<tr>
<td>Child scratches, pinches, bites, or hits self</td>
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<tr>
<td>Child bangs own head</td>
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<tr>
<td>Child scratches, pinches, bites or hits others</td>
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<tr>
<td>Child grabs other people</td>
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<tr>
<td>Child touches others inappropriately</td>
<td></td>
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<tr>
<td>Child throws things</td>
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<tr>
<td>Child gets into personal belongings</td>
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<tr>
<td>Child runs away</td>
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<tr>
<td>Child climbs on furniture</td>
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<tr>
<td>Child uses inappropriate language</td>
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<td>Child refuses to walk or participate</td>
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<td>Child has difficulty with transition</td>
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<tr>
<td>Child argues with adults</td>
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<td>Child spits on others</td>
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<tr>
<td>Child dumps liquids</td>
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<tr>
<td>Child strips own clothing/undresses</td>
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<tr>
<td>Child exposes self in public</td>
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<tr>
<td>Child masturbates in public</td>
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Please describe in detail any other behaviors that you do not wish your child to do and explain how you would like the camp staff to deal with them:

**Behavior**

*Example: Child throws objects*

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**Consequences**

*Example: Must pick up object & return to proper place.*

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**General Social/ Emotional Responses**

___ child prefers to be alone
___ child does not like to be touched
___ child cries for no apparent reasons
___ child is bothered by excessive noise
___ child clings to other people
___ child gets upset if the routine changes
___ child laughs for no apparent reason
___ child is highly anxious

Explain the above:

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Please list things that scare or upset your child (e.g.: fear of animals, lightning, the dark):

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Please describe what helps to calm your child when he/she is sad, hurt, afraid, angry, or otherwise upset:

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</table>
Has your child spent 2 or more nights away from home in the past?  □ Yes  □ No

What helped?

Reinforcements
Reinforcers/Motivators (specify)

__ Edibles (food or drink)
__ Verbal (praise)
__ Tokens
__ Particular object

Please describe how and when you use reinforcers (e.g.: after every activity, at end of day, etc.):

Sensory Responses
Please indicate your child’s reaction to the following sensory input if the response is unusual:

<table>
<thead>
<tr>
<th>Overreacts</th>
<th>Underreacts</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Stimulus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lights</td>
<td></td>
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<tr>
<td>Sunlight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thunderstorms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list other sensitivities or provide additional information:

What sensory inputs soothe or calm your child?

Activity Levels

__ child has typical attention span and level of activity for his/her age
__ child has a very short attention span
__ child is less active/needs motivation to participate
__ child is overactive
__ child is easily distracted by sights, sounds, people, etc.

Please describe how you manage your child’s activity level; motivate him/her to participate, etc.:
Indoor Activities

Please indicate your child’s preferences. Activities listed will not necessarily take place at camp.

- ___ books
- ___ magazines
- ___ making crafts
- ___ painting
- ___ board games: favorites?
- ___ card games: favorites?
- ___ child will do fine working at a table with several others
- ___ child needs to have his/her own personal work area separate from others to be successful.

- ___ listening to music
- ___ crosswords
- ___ puzzles
- ___ word searches
- ___ playing musical Instruments
- ___ Sudokou
- ___ drawing
- ___ writing letters
- ___ making crafts
- ___ puzzles
- ___ drawing
- ___ painting
- ___ word searches
- ___ writing letters
- ___ board games: favorites?
- ___ card games: favorites?
- ___ Other:

Outdoor Activities

Please check (✔) all activities that are appropriate for your child’s abilities and interests. Please circle all activities that you would particularly like your child to try.

<table>
<thead>
<tr>
<th>Ball Activities</th>
<th>Group Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ ball sorting</td>
<td>___ camping in tents/teepee</td>
</tr>
<tr>
<td>___ ball tossing</td>
<td>___ dodge ball</td>
</tr>
<tr>
<td>___ bowling</td>
<td>___ duck-duck goose</td>
</tr>
<tr>
<td>___ kicking a ball</td>
<td>___ kickball</td>
</tr>
<tr>
<td>___ parachute games</td>
<td>___ musical chairs</td>
</tr>
<tr>
<td>___ water relays</td>
<td>___ parachute games</td>
</tr>
<tr>
<td>___ kayaking</td>
<td>___ relay races</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rides</th>
<th>Individual Activities in Group Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ wagon rides</td>
<td>___ geo-caching with GPS unit</td>
</tr>
<tr>
<td>___ riding scooters</td>
<td>___ high ropes course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory</th>
<th>Individual Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ bubbles</td>
<td>___ bean bag toss</td>
</tr>
<tr>
<td>___ sensory activities (lights, sounds, textures, smells)</td>
<td>___ swinging (hammock)</td>
</tr>
<tr>
<td>___ balance activities (ie: OT therapy balls)</td>
<td>___ Frisbee</td>
</tr>
<tr>
<td>___ hammocks</td>
<td>___ horseshoes/ring toss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercising</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>___ obstacle course</td>
<td>___ bean bag toss</td>
</tr>
<tr>
<td>___ hiking in the woods</td>
<td>___ Frisbee</td>
</tr>
<tr>
<td>___ jumping rope</td>
<td>___ horseshoes/ring toss</td>
</tr>
</tbody>
</table>

Please list any additional activities your child enjoys doing outside or recreationally: ____________________________

__________________________________________________________________________
Swimming

At Camp Rising Sun we do our best to ensure that all campers receive the opportunity to go swimming. Please let us know your child’s strengths and weaknesses when it comes to swimming.

___ child swims well
___ child swims, but needs someone close by
___ child cannot swim, must remain in the shallow end of the pool
___ I am unsure of how my child does in the pool
___ child fears water/ will not get in the water willingly
___ child likes swimming but will take some prompting to get in
___ child has a difficult time leaving the pool when swim time is over
___ child drinks pool water
___ child wears swim diapers in the pool
___ child needs to wear lifejacket in the pool at all times (camper must provide)
___ child has very sensitive skin or sun exposure sensitivity

Miscellaneous

What are your child’s favorite activities? ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What are your child’s strengths? ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What do you most like about your child? ______________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What else should we know about your child to make his/her camping experience a great one? Please use as much additional paper as you need. The more we know about likes, dislikes, skills, and needs, the better we can serve your child.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Fee Schedule/Payment Plan (Please check one)

*A $100 non-refundable application fee must accompany each application to be considered complete for processing.

☐ Option 1: Installment #1 ($225.00) Due by April 1. Installment #2 ($225.00) due by May 1.

☐ Option 2: Entire balance ($450.00) due by May 1.

☐ I understand the actual cost of camp is $2,000.00 and am able to donate an additional $_______.

☐ Our family may need financial assistance with the cost to send our child to camp.

☐ My child is on the MiVia Waiver.
   
   (Please contact Somer Wright at sdwright@salud.unm.edu to obtain additional campership application forms.)

   *Camperships are reserved for residents of New Mexico.

Total camp fee is $550.00, which includes the $100.00 non-refundable application fee and the $450.00 camp fee.

   Deadlines are firm, due to the waitlist we incur each year.

Camp Rising Sun operates with the support of generous donations of many individuals and foundations, since the camper fee supports only a small portion of the total program cost. Camp Rising Sun may send out an occasional request for support, which could be through volunteering time, distributing information, donating wish list items, or through financial means. We hope you will be able to help us in whatever way you are able. However, if you wish not to receive requests for camp needs, please check the box below.

☐ I do not wish to receive future fundraising requests supporting UNM CDD Camp Rising Sun. Please remove my information from your list.

   *All reasonable efforts will be taken to ensure that you will not receive any future fundraising communications.

I attest that the information described to this point is accurate to the best of my knowledge.

_________________________________________  ____________________________
Signature                                      Date

Camp Rising Sun is an accredited program of the American Camping Association.
Parent/Legal Guardian Agreement-Camp Rising Sun

Please read this document carefully and sign below

Consent to Attend & Participate
I hereby give consent for my child (ward) to attend and participate in all programs and activities of Camp Rising Sun, Inc., a program of the University of New Mexico, through its Center for Development and Disability (hereinafter also identified as Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, campout and water sports, and I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child’s (ward’s) participation in the Camp’s outdoor recreation program and other Camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp’s use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless & Indemnity Agreement
I agree to defend, indemnify and hold harmless the Camp, The University of New Mexico and its Regents, directors, members, officers, agents, and employees harmless from and against all claims, accidents, losses, demands, suits, judgments, liens, expenses, costs, damages, court costs, and attorney fees arising out of this Agreement and my child’s (ward’s) participation in the Camp.

Authorization for Care
I hereby grant permission to, and request and authorize all physicians, nurses, and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility
I acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child (ward) for any illness or injury that he or she may sustain during Camp.

Authorization to Release Information
I authorize the Camp to furnish from my child’s (ward’s) medical records, such information as may be requested by representatives of local, state, or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Personal Property
I understand that the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Camper’s Name: ____________________________________________________________

Parent/Guardian Signature: ________________________________________________

Date: _______________

Thanks for your time in completing this information!