



Where kids with autism shine!

Camp Rising Sun, CDD, 2300 Menaul Blvd. NE
Albuquerque, NM 87107
www.camprisingsunnm.org

OUR MISSION IS TO ...

- Provide a specialized summer camp experience for individuals with an Autism Spectrum Disorder (ASD) and their peers.
- Provide an opportunity for students, professionals, and volunteers to gain experience and training while working with those diagnosed with an ASD.
- Provide respite for parents and caregivers of individuals with an ASD.

Campers

- Camp Rising Sun (CRS) is an overnight camp for boys and girls, ages 8-17 years, with an Autism Spectrum Disorder (ASD) and their peers.
- 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.
- Camp Rising Sun is operated at the Manzano Mountain Retreat facilities located 75 minutes from Albuquerque.
- Possible activities include swimming, kayaking, archery, horseback riding, ropes/challenge courses, arts & crafts, music, theater, martial arts, nature/adventure, sports & games, campfire, camp outs and other specialized programming determined annually.
- Applications are available online or by contacting Somer Wright at 505-272-5142 beginning January 23, 2012.

Volunteers

- Counselor and program staff applications are available online or by contacting Somer Wright at 505-272-5142.
- CRS volunteers are comprised of enthusiastic, compassionate, and motivated people. Many are university students, volunteers, 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.)

Cost

- There is a non-refundable, one-time application fee of \$100 that must accompany the child's application. Please apply right away; camps fill early.
- The camper fee to attend camp is an additional \$450; the fee for the second child in a family is \$400. The camper fee does not entirely cover the \$2,400 actual cost for one camper. Operation of the camp is possible from contributions, scholarship donations, and grant funding from organizations such as Blue Cross Blue Shield Foundation, Albuquerque Community Foundation, The McCune Foundation, and the generosity of many other organizations, businesses, and individuals.
- 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 more information, please contact Somer Wright at 505-272-5142.
- All applications must be either mailed or hand carried to the address listed above.

Eligibility

Campers must be between the ages of 8-17 and have a current diagnosis of Autistic Disorder, Asperger's, or Pervasive Developmental Disorder-Not Otherwise Specified. All campers must have a physical exam by a licensed physician within the past year (preferably within 6 months of camp) indicating that the applicant is physically capable of a weeklong camping trip. 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 accept 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 UNM, 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.

Donate

- Camp Rising Sun is a 501 (c)(3) organization; donations are appreciated and are tax deductible.
- Mail donations to CDD, Camp Rising Sun, 2300 Menaul Blvd. NE, Albuquerque, NM 87107; Attn: Somer Wright
- Designate through United Way of Central New Mexico, or other United Way areas, using the above information (be sure you specify Camp Rising Sun- New Mexico, since there is more than one CRS).

January 23, 2012
Application forms are available online at www.camprisingsunnm.org or by calling 505-272-5142.

Application Deadline
Please complete all information in detail and provide a photo. Applications will be accepted until camper capacity has been reached. Historically, this has happened as early as 3 weeks after applications become available so, please apply early. Once all camper slots have been filled, we will create a waitlist. To be considered complete, your application needs to include the mandatory \$100 application fee and any additional fees based on your payment plan. Application fees are not deposited until a camper is admitted to camp. If the mandatory fees are not received by their deadlines, your application will not be processed until payment is received. Campership application forms are due no later than March 16, 2012.

April 2, 2012
Written notification of camper status (admittance to camp or waitlist) mailed on or before this date. Additional health exam and related forms will be sent with a due date of May 18.

May 18, 2012
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.
No Refunds after May 18, 2011.

Teen Camp
June 25-June 29, 2012
Camp Rising Sun
(Ages 12-17 yrs.)

Kids Camp
July 29-August 2, 2012
Camp Rising Sun
(Ages 8-12 yrs.)

A physical exam performed by a licensed physician within the past year is required in order for your child to attend camp. Please schedule these now or at least 2 months prior to camp to ensure your child receives his/hers in time for camp.



2012 Camper Application

Camp Rising Sun
Center for Development & Disability
2300 Menaul Blvd NE, Albuquerque, NM
87107

www.camprisingsunnm.org

**Please
attach
camper
photo here.**



Instructions for the Application

- There is no application deadline. However, we encourage you to register as soon as possible because camp slots usually fill within 3-6 weeks.
- Applications do not guarantee a spot at camp. You will be notified of your child's admittance to camp or you will be notified if your child has been placed 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 actual cost to host each child for 5 days/4 nights is \$2,400. 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 5 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.

Camper's Full Name _____

Name You Call Your Child _____ Date of Birth _____

Age at Camp _____ Sex: Male _____ Female _____ Height _____ Weight _____

Years at CRS _____ Other Camp Programs Attended _____

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

Youth: S M L XL



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.

- Teen Camp
June 25-June 29, 2012
Monday-Friday
(12-17 yrs.)

- Kids Camp
July 29-August 2, 2012
Sunday-Thursday
(8-12 yrs)

If your camper is 12 years of age and you would like to discuss specific differences between camps, please contact camp staff at 272-5142.



Parent/Caregiver Information (please check the box(es) indicating where the camper lives)

| | |
|---|---|
| <p>Parent/Caregiver One: <input type="checkbox"/></p> <p>Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Cell Phone (____) _____</p> <p>Employer _____</p> <p>Work Phone (__) _____</p> <p>E-mail Address: _____</p> | <p>Parent/Caregiver Two: <input type="checkbox"/></p> <p>Name _____</p> <p>Relationship _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Cell Phone (____) _____</p> <p>Employer _____</p> <p>Work Phone (____) _____</p> <p>E-mail Address: _____</p> |
|---|---|

Camper Information

Child's Primary ASD Diagnosis, please check one:
 _____ Autism _____ Asperger's Syndrome _____ PDD-NOS

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: _____

Given your child's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your child responds to new situations, new people, and other qualities of the camp setting. Having an accurate description of campers needs will help to create a positive experience for all. Due to the limited physical capacity of camp, and the varying degrees of staff supervision required for each camper, the camp has a limited number of spaces available. Please check only one:

- 1) Peer → complete Peer application, available online
- _____ 2) My child can function totally independently in all or almost all settings with only occasional supervision. He/she can work in small group settings and is able to communicate effectively. He/she is independent in toileting, dressing, eating, sleeping, and has no significant disruptive behaviors.
- _____ 3) My child can function independently for short periods of time and can be supervised in a group with 1 staff and several other campers the rest of the time.
- _____ 4) My child generally can function in a group with a supervisor and 2-3 other campers. Camper needs one-to-one supervision only during specific activities.
- _____ 5) My child generally needs one-to-one supervision, but can function in group situations for some activities.
- _____ 6) My child needs one-to-one supervision throughout the day.
- _____ 7) My child needs more than one staff with him/her all day or when agitated or upset. (Circle one)

Please describe your choice of # 2-7 in more detail : _____

Fee Schedule/Payment Plan (Please check one)

***A \$100 non-refundable application fee must accompany each application to be considered complete and processed.**

- Option 1: Installment #1 (\$225.00) Due by April 18, 2012. Installment #2 (\$225.00) due by May 18, 2012.
- Option 2: Entire balance (\$450.00) due by May 18, 2012.
- I understand the actual cost of camp is \$2,400.00 and am able to donate an additional \$_____.
- Our family may need financial assistance with the cost to send our child to camp.

(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.

Ethnicity-please check the box(es) that best describes your child's ethnicity.

- American Indian/Alaskan Tribe: _____
- Asian
- Black/African American
- Native Hawaiian/ Pacific Islander
- Caucasian
- Hispanic
- Other/ Not Disclosed

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.

In the following sections, please check all statements that describe your child. Please answer thoroughly, giving examples. 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 _____
 - camper can write to communicate _____

Additional Information: _____

2. How does your child understand what is said to him/her?
- you use complete sentences _____
 - you use 2-3 word phrases _____
 - you use single words _____
 - you use gestures or point _____
 - you use pictures _____
 - you use sign language _____
 - you use objects _____
 - camper reads: _____ completes sentences _____ 2-3 word phrases _____ single words

Additional information: _____

3. Does your child currently use a visual schedule? Yes No
- Which types of schedules work best with your child?
- Written Schedule Full Day
 - Line Drawing Schedule 1/2 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 an illness or pain? _____

___ Yes ___ No: Does your child communicate a 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? _____

What allergies to foods and drinks does your child have? _____

What other special dietary needs does your child have (no sugar, no pork, only 1 serving, or what foods would you prefer your child not eat)? _____

We want to make every effort to meet your camper's dietary needs. However, due to lack of time to cook individual meals and the large numbers of people eating, we are limited. Manzano Mountain Retreat kitchen staff cannot make special meals for individual campers. Counseling staff can microwave already prepared meals provided by families. If your child needs substitute meals, or is on a very restrictive diet, plan to prepare and label all meals by date, meal and name of child on each container. If food requires refrigeration, please bring an ice chest to store these items, since refrigeration space is very limited. In making your decisions regarding your campers food, please keep in mind: the camp kitchen staff provide a vegetarian option for every meal, and have a salad bar available for lunches and dinner but do not cook vegan or gluten free meals.

- I have a child with a very restrictive diet and will supplement existing meals with my own, labeled meals.
- I would like a copy of the camp meal menu e-mailed to me approximately two weeks before camp begins.

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 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 (uses 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

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

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

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 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

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? _____

BEHAVIORS

Please describe positive behaviors of your child. Include things you love about your child: _____

Please indicate how often, if ever, your child does the following behaviors and the consequences. We must have accurate information about your child's behaviors and how to respond to them, if any below are shown, in order to best serve all camp participants. Please give detailed information. Attach additional sheets if needed.

| Behavior (continues on next page) | Never | Seldom | Often | What you do when this occurs |
|--|-------|--------|-------|------------------------------|
| Child scratches, pinches, bites, or hits self | | | | |
| Child bangs own head | | | | |
| Child scratches, pinches, bites or hits others | | | | |

| Behavior (continued) | Never | Seldom | Often | What you do when this occurs |
|--------------------------------------|-------|--------|-------|------------------------------|
| Child grabs other people | | | | |
| Child touches others inappropriately | | | | |
| Child throws things | | | | |
| Child gets into personal belongings | | | | |
| Child runs away | | | | |
| Child climbs on furniture | | | | |
| Child uses inappropriate language | | | | |
| Child refuses to walk or participate | | | | |
| Child has difficulty with transition | | | | |
| Child argues with adults | | | | |
| Child spits on others | | | | |
| Child dumps liquids | | | | |
| Child strips own clothing/undresses | | | | |
| Child exposes self in public | | | | |
| Child masturbates inappropriately | | | | |

REINFORCEMENT

Reinforcers/Motivators (specify)

- ___ Edibles (food or drink) _____
- ___ Music _____
- ___ Tokens _____
- ___ Particular object _____
- ___ Preferred activity _____

Schedule of Reinforcement:

- ___ fixed time interval (ie, every 2 min)
- ___ Completion of task or activity
- ___ End of day
- ___ End of time period _____
- ___ Other: _____

Please describe manner of reinforcement (include specific type): _____

Please describe in more detail these behaviors or any other behaviors that you do not want your child to do and explain how you want the camp staff to deal with them:

Behavior

Example: Child throws objects

Consequences

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

GENERAL SOCIAL/ EMOTIONAL RESPONSES

- ___ child prefers to be by self
- ___ 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: _____

Please list things that scare or upset your child (ex: fear of animals, lightning, the dark): _____

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

SENSORY RESPONSES

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

| | Over reacts | Under reacts | Comments |
|-----------------|-------------|--------------|----------|
| Visual Stimulus | | | |
| Lights | | | |
| Sunlight | | | |
| Heat | | | |
| Touch | | | |
| Thunderstorms | | | |
| Pain | | | |
| Animals | | | |
| Sounds | | | |
| Voices | | | |
| Temperature | | | |

Please list other sensitivities or provide additional information: _____

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 to participate, etc: _____

CURRENT SCHOOL PLACEMENT

Child is: Home schooled ___ Elementary ___ Middle School ___ High School ___

Name of School: _____ City: _____ Grade: _____

Type of classroom (please describe number of teachers, students, & teacher assistants in classroom): _____

Is child assigned an instructional assistant? ___ Yes ___ No

If yes, how long: ___ Full time ___ Part time

What current services is your child receiving in school?

___ OT ___ Speech ___ PT ___ Social work/counseling ___ Other (describe): _____

My child has an IEP and I have attached the modifications (including behavior modifications) page from the IEP to this application

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.

Ball Activities

- ___ ball sort
- ___ ball toss
- ___ basketball
- ___ bowling
- ___ kicking a ball

Water Activities

- ___ sprinkler play
- ___ swimming- free play
- ___ water balloon toss
- ___ water relays
- ___ kayaking

Rides

- ___ wagon rides
- ___ wheelbarrow rides

Sensory

- ___ bubbles
- ___ sensory activities (lights, sounds, textures, smells)
- ___ balance activities (on a beam or OT therapy balls)
- ___ swings

Exercising

- ___ obstacle course
- ___ hikes in the woods
- ___ jumping rope
- ___ riding bike
- ___ stretching
- ___ trampoline
- ___ walking

Group Activities

- ___ camping in tents/teepee
- ___ dodge ball
- ___ duck-duck goose
- ___ kickball
- ___ musical Chairs
- ___ parachute games
- ___ relay races
- ___ singing
- ___ soccer/kicking into goals
- ___ T-Ball
- ___ volleyball
- ___ basketball
- ___ challenge games
- ___ low ropes course
- ___ high ropes course

Individual Activities in Group Setting

- ___ Geo Caching with GPS unit
- ___ animals (petting, walking, holding, etc)
- ___ martial arts
- ___ building things
- ___ dancing
- ___ arts and crafts
- ___ theater

Individual Activities

- ___ bean bag toss
- ___ swinging
- ___ frisbee
- ___ horseshoes/ring toss
- ___ hopscotch
- ___ playground
- ___ putt-putt
- ___ stacking cones
- ___ face painting

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

Swimming

- I am unsure of how my child does in the pool
- child swims well
- child swims, but needs someone close by
- child cannot swim, must remain in the shallow end of the pool
- child fears water/ will not get in the water willingly
- child drinks pool water
- child has bowel movements 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

INDOOR ACTIVITIES

- | | | |
|--|--|--|
| <input type="checkbox"/> books | <input type="checkbox"/> listening to music | <input type="checkbox"/> playing musical Instruments |
| <input type="checkbox"/> computers | <input type="checkbox"/> magazines | <input type="checkbox"/> crosswords |
| <input type="checkbox"/> making crafts | <input type="checkbox"/> puzzles | <input type="checkbox"/> drawing |
| <input type="checkbox"/> painting | <input type="checkbox"/> word searches | <input type="checkbox"/> writing letters |
| <input type="checkbox"/> soduko | <input type="checkbox"/> board games: favorites? _____ | |
| <input type="checkbox"/> card games: favorites? _____ | | |
| Other: _____ | | |
| <input type="checkbox"/> child will do fine working at a table with several others | | |
| <input type="checkbox"/> child needs to have his/her own personal work area separate from others to be successful. | | |

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.

MEDICAL CONCERNS

Please describe any health problems the child has: _____

Please list all of your child’s allergies to food, medication, etc. and the reaction: _____

Has your child ever been diagnosed with, or have symptoms of another psychiatric condition?

- ADHD
- Bi-Polar
- Depression
- Thought Disorder/Auditory or Visual Hallucinations
- Anxiety Disorder
- Other: _____

Has your child currently been prescribed psychiatric medication or received behavioral health services?

___ Yes ___ No If yes, what type, describe: _____

Please list any medications or supplements with the doses and symptoms targeted:

| | | |
|-------------------|-------------|--------------------------|
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |
| Medication: _____ | Dose: _____ | Reason for taking? _____ |

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.): _____

IMPORTANT MEDICAL REMINDERS: 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.

I attest that the information provided in this application is accurate to the best of my knowledge.

Parent/Guardian signature

Date