



## Where kids with autism shine!

Camp Rising Sun, CDD, 2300 Menaul Blvd NE  
Albuquerque, NM 87107  
[www.camprisingsunnm.org](http://www.camprisingsunnm.org)

### Teen Camp

June 25-June 29, 2012  
(Ages 12-17 yrs.)

### Kids Camp

July 29-August 2, 2012  
(Ages 8-12 yrs.)

#### 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 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 90 minutes from Albuquerque.
- Possible activities include swimming, horseback riding, ropes/challenge courses, arts & crafts, music, theater, martial arts, nature adventure, sports & games, campfire, camp outs and other specialized

#### 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, etc.)

#### 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.
- Designate through United Way of Central New Mexico, or other United Way areas, using the above information.

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**January 23, 2012**

Application forms are available online at [www.camprisingsunnm.org](http://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. If you are providing an additional donation to help support campers with ASD, please signify.

**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 within the past year (preferably in the last 6 months) 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-no exceptions.***



# 2012 Peer Camper Application

Camp Rising Sun  
Center for Development & Disability  
2300 Menaul Blvd NE, Albuquerque, NM 87107  
[www.camprisingsunnm.org](http://www.camprisingsunnm.org)

**Please  
attach  
camper  
photo**

### Our Mission

- 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.

### Instructions for the Application

- There is no application deadline. However, we encourage you to register as soon as possible because camp slots fill within 5-6 weeks. After April 1, please call to check for camp availability.
- Applications do not guarantee a spot at camp. You will be notified of your child's admittance to camp or you will be notified of your child's placement on the waitlist.
- A one time, **non-refundable**, application fee of \$100 is due at the time of application. Camp has received grant funding to assist in supporting peers to attend camp. Therefore, the remainder fee has been funded by one of our community service organizations. The actual cost to host each camper for 5 days/4 nights is \$2,600. If your family is able to fund more, or your child would like to raise support for camp, it would be graciously welcomed, and used to support campers with ASD.

### General Information (Please complete all fields)

Child'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 \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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.



<b>Parent/Caregiver One:</b> <input type="checkbox"/> Name _____ Relationship _____ Address _____ City _____ State ____ Zip _____ Home Phone ( ____ ) _____ Cell Phone ( ____ ) _____ Employer _____ Work Phone ( ____ ) _____ E-mail Address: _____	<b>Parent/Caregiver Two:</b> <input type="checkbox"/> Name _____ Relationship _____ Address _____ City _____ State ____ Zip _____ Home Phone ( ____ ) _____ Cell Phone ( ____ ) _____ Employer _____ Work Phone ( ____ ) _____ E-mail Address: _____
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**Ethnicity—please check the box(es) that best describes your child’s ethnicity.**

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Island
Tribe: _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other/Not Disclosed

**Camper Information:**

Camp Rising Sun is a camp program for persons with autism spectrum disorders. The peer camper is someone who can demonstrate how to carry out activities, as well as someone who can socially engage with other children in an appropriate way. It is important that the peer camper is able to be independent with their self care, and that they have appropriate behaviors in group situations, so that they can be a positive role model to other campers.

**In the following sections, please check all statements that describe your child. Please answer thoroughly, giving examples.**

Does your child have special dietary needs (no sugar, no pork, only 1 serving, etc)? \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any night time fears or routines that we should be aware of? \_\_\_\_\_  
 \_\_\_\_\_

Please describe your child’s gifts and challenges: \_\_\_\_\_  
 \_\_\_\_\_

Please list things that scare or upset 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

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CURRENT SCHOOL PLACEMENT

Child is: \_\_\_ Home schooled \_\_\_ Elementary \_\_\_ Middle School \_\_\_ High School

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ Grade: \_\_\_\_\_

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 your child has experience with. Mark an circle if they especially enjoy.

### Ball Activities

- \_\_\_ volleyball
- \_\_\_ soccer
- \_\_\_ basketball
- \_\_\_ bowling
- \_\_\_ kickball
- \_\_\_ dodgeball
- \_\_\_ football
- \_\_\_ golf

### Water Activities

- \_\_\_ swim team
- \_\_\_ swimming- free play
- \_\_\_ water relays
- \_\_\_ kayaking

### Exercising

- \_\_\_ obstacle course
- \_\_\_ hiking
- \_\_\_ trampoline
- \_\_\_ jumping rope
- \_\_\_ riding bike
- \_\_\_ stretching

### Group Activities

- \_\_\_ camping in tents/teepee
- \_\_\_ low ropes course
- \_\_\_ high ropes course
- \_\_\_ parachute games
- \_\_\_ relay races
- \_\_\_ singing

### Individual Activities in Group Setting

- \_\_\_ Geo Caching with GPS unit
- \_\_\_ animals (petting, walking, holding, etc)
- \_\_\_ martial arts
- \_\_\_ building things (legos, etc)
- \_\_\_ dance (type: \_\_\_\_\_)
- \_\_\_ arts and crafts
- \_\_\_ theater
- \_\_\_ horseback riding

### Individual Activities

- \_\_\_ horseshoes/ring toss
- \_\_\_ hopscotch
- \_\_\_ playground
- \_\_\_ putt-putt
- \_\_\_ stacking cones
- \_\_\_ photography or videography (circle which)

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

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## Swimming

- \_\_\_ 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

## INDOOR ACTIVITIES

- |                                  |                                   |                                 |
|----------------------------------|-----------------------------------|---------------------------------|
| ___ books                        | ___ listening to music            | ___ playing musical Instruments |
| ___ computers                    | ___ magazines                     | ___ crosswords                  |
| ___ making crafts                | ___ puzzles                       | ___ drawing                     |
| ___ painting                     | ___ word searches                 | ___ writing letters             |
| ___ soduko                       | ___ board games: favorites? _____ |                                 |
| ___ card games: favorites? _____ |                                   |                                 |
| ___ Other: _____                 |                                   |                                 |

**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 camp 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 and the reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- 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? \_\_\_\_\_

Has your child ever received treatment at a residential/inpatient treatment center for behavior or other concerns?

\_\_\_ Yes \_\_\_ No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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) 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

*Camp Rising Sun operates solely on the 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.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**We hope to conduct a small-scale, survey-based research project on Camp Rising Sun's peer support program.**

Please indicate below if we may contact you regarding this potential research project. Your indication *will not affect* your child's admittance to camp or eligibility for any CDD related services. We appreciate your time!

Yes, you may contact me regarding this potential research

No, thank you. I would not like to be contacted.