

WISDOM RANCH SCHOOL

WISDOM THROUGH EXPERIENCE

CONTRACT AND APPLICATION FOR ADMISSION

INSTRUCTIONS

Please **read carefully, answer all questions**, and supply all information requested. Failure to completely and accurately disclose any information relevant to your child's history or present circumstances may compromise our ability to work successfully with your child and result in their removal from the school and the forfeiture of tuition. Please **type or print legibly in blue ink**; please do not use pencil.

An original copy of the application must be on file when your son arrives

Please return all application materials as soon as possible. Upon receipt of security deposit, your child's place in the program will be reserved. Application materials including a current photograph and the tuition payment must be received the Friday prior to arrival. Return the application to:

**John W. Tucker
Wisdom Ranch School
PO Box 166
Arco, ID 83213**

I. TUITION AND FEE SCHEDULE

Tuition. Tuition is \$5,600.00 per month with a minimum commitment for a full semester (6 months).

Returning a Child. Any expenses incurred for returning the child to the parent or legal guardian will be charged to the parent/guardian.

II. PAYMENT TERMS

Wisdom Ranch School offers the following payment terms. Tuition may be paid by personal or cashier's check as well as most major credit cards.

A. **Semester Payment Plan.** As an incentive to pay a full semester prior to admission at the school, a 5% discount is applied to the cost of tuition. Therefore, for one student, a payment of \$31,920 made prior to admission is payment for a semester of Tuition in the program.

B. **Monthly Payment Plan.** \$11,200.00 for tuition is due prior to enrollment and acceptance into the school. The remaining tuition fees for the semester (\$22,400.00) are due in four installments of \$5,600.00 and payable on the same day of the month that the student arrived ("Due Date") in the second, third, fourth and fifth month of the applicable semester. Students with a tuition payment more than 30 days late will be returned to the parent or legal guardian unless suitable arrangements with the school concerning payment of the overdue amount have been made. Any other charges are due and payable immediately upon receipt of an invoice from the school for such charges.

Finance Charge. If a payment is not received within ten days past the Due Date, a finance charge will be added to the outstanding balance at the daily rate of .05% from the Due Date.

III. REFUND POLICY

\$11,200.00 of the semester Tuition fees and any other fees received at the time of admission are nonrefundable. \$5600 is applied to the first month, and \$5600 is held as a deposit to be applied to the 6th month. Any other prepaid Tuition fees are refundable on a pro rata daily basis based on the number of days the student has attended the school.

VI. APPLICATION AND TUITION TERMS

I/We have read, understand and agree with all of the terms outlined in the Tuition and Fee Schedule and this Application for Admission.

Parent/Guardian _____
Signature _____ Date _____

Parent/Guardian _____
Signature _____ Date _____

Student/Child Name ("Child"): _____

STUDENT TRAVEL ARRANGEMENTS:

PLEASE CONTACT ADMISSIONS WITH CONFIRMED TRAVEL ARRANGEMENTS

How did you hear about Wisdom Ranch School? _____

Referring Family, Professional, or Educational Consultant _____

Address _____

Phone _____

Fax _____

Email _____

Enrollment Application

I. Applicant Information

Applicant's Legal Name _____
Address _____ Zip _____
Date of Birth _____
Age _____
Social Security Number _____
Birthplace _____
Current Grade Level _____
Religious Preference _____
Race/Ethnicity _____
Eye Color _____
Hair Color _____
Height _____
Weight _____
Was child adopted? _____ What age? _____
Custodian/Legal Guardian(s) _____ Relationship _____
Are mother and father married or divorced? _____

II. Parent Information

Father _____
D.O.B. _____
Social Security Number _____
Home Address _____ Zip _____
Home Telephone _____
Cellular Telephone _____
Fax Number _____
Email Address _____
Occupation _____
Business Telephone _____

Describe your current relationship with applicant

Your desired outcome for the applicant _____

Mother _____
D.O.B. _____
Social Security Number _____
Home Address _____ Zip _____
Home Telephone _____
Cellular Telephone _____
Fax Number _____
Email Address _____
Occupation _____
Business Telephone _____

Describe your current relationship with applicant

Your desired outcome for the applicant _____

Stepfather

D.O.B. _____
Social Security Number _____
Home Address _____ Zip _____
Home Telephone _____
Cellular Telephone _____
Fax Number _____
Email Address _____
Occupation _____
Business Telephone _____

Describe your current relationship with applicant

Your desired outcome for the applicant _____

Stepmother

D.O.B. _____
Social Security Number _____
Home Address _____ Zip _____
Home Telephone _____
Cellular Telephone _____
Fax Number _____
Email address _____
Occupation _____
Business Telephone _____

Describe your current relationship with applicant

Your desired outcome for the applicant _____

Please list all siblings and other significant family members	Relationship/Age	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Notification (other than parent/guardian)

Name _____ Relationship _____
Telephone Number _____
Business Number _____

Email _____

III. Parental Assessment of Applicant

Family History

Please list dates of significant events such as death, divorce, and detail family relationships.

School

Please list any suspected learning difficulties, special classes, expulsions, or any other significant events in dealing with school.

Peer Relationships

Please detail the attributes of relationships with peers.

Strengths

Please detail interests, accomplishments, and values of applicant.

Anger

How does the applicant display anger?

Has the applicant ever experienced or exhibited any of the following? If yes, please provide details.

Arson or fire setting? Yes/No

Cruelty to animals? Yes/No

Depression? Yes/No

Drug use? Yes/No

Alcohol use? Yes/No

Self-abusive behavior? Yes/No

Suicide discussion, threats or attempts? Yes/No

Aggressive behavior? (Describe toward whom: parents, siblings, peers) Yes/No

Police Intervention? Yes/No Attach a copy of probation order and probation officer's contact information.

Running away? Yes/No

Eating disorder? Yes/No

Sexual activity? Yes/No

Physical/sexual abuse? Yes/No

Any unresolved issues? Yes/No

Traumatic events? Yes/No

Please add any additional comments regarding the applicant's behavior.

IV. Please list all previous placements of your son (wilderness program, therapeutic boarding school, other programs).

Placement

Dates

V. I/We authorize Wisdom Ranch School to use photographs of my child for promotional materials including but not limited to the Wisdom Ranch web site and future brochures.

Parent/Guardian Signature _____ Date _____

VI. The information set forth in this application is true and correct.

Information provided by _____

Parent/Guardian _____

Signature _____ Date _____

Parent/Guardian _____

Signature _____ Date _____

Medical History

I. Medical Care Providers

Pediatrician or Family Physician:

Name _____

Address _____

Telephone _____

Date last seen _____

Dentist and/or Orthodontist:

Name _____

Address _____

Telephone _____

Date last seen _____

Psychiatrist, Psychologist, or Therapist:

Name _____

Address _____

Telephone _____

Nature of services _____

Dates seen _____

Please provide information on any other medical or counseling professionals who have seen your child:

Name _____

Address _____

Telephone _____

Nature of services _____

Dates seen _____

Name _____

Address _____

Telephone _____

Nature of services _____

Dates seen _____

II. Current Medical Conditions

Please list any current medical conditions that affect the applicant.

Does the applicant wear glasses? _____

Does the applicant wear contacts? _____

If yes, please attach prescription. ***Due to outdoor activities, Wisdom Ranch School requires that applicants who wear contacts bring glasses as well.***

III. Medication Instructions

Is the applicant currently on any medication? _____ If yes, please fill out dosage chart below

How will the prescription be refilled?

- a. Sent from home every month
- b. Refilled locally by Wisdom Ranch

Written prescription must be on file with local pharmacy

Medication	Dosage/Instruction	Purpose	Prescribed by

Please detail any other pertinent medication history.

IV. Allergies

Does the applicant have any allergies? _____

Is the applicant allergic to any of the following medications?

Penicillin _____ Sulfa drugs _____ Iodine _____ Aspirin _____

Other drugs _____

Bee/hornet/wasp sting _____

Does the applicant require an epi-pen or Ana- kit? _____

IF SO THE KIT MUST COME WITH THE STUDENT

Food allergies _____

Other reactions (Hay fever, Hives, Eczema, Asthma, etc?) _____

V. Medical History

Please detail the following chart with critical health information including hospitalization, broken bones, surgeries, major illnesses, and other serious injuries.

Critical Problem	Date	Hospital	Attending Physician

Has the applicant ever experienced bed wetting, encopresis, head banging, nail biting, nightmares, stuttering, tics, etc.? Please indicate experience and age.

Please list and explain any excessive fears the applicant has had (darkness, thunder, death, etc.) and at what age these fears were experienced.

Does the applicant have a drug or alcohol abuse problem? _____

Previous treatment facility _____

Address _____

Telephone _____

Has the applicant ever been diagnosed with any of the following?

- | <i>Condition</i> | <i>Age</i> |
|--|------------|
| <input type="radio"/> Anemia | |
| <input type="radio"/> Anorexia Nervosa | |
| <input type="radio"/> Asthma | |
| <input type="radio"/> Arthritis | |
| <input type="radio"/> Bladder or kidney infection | |
| <input type="radio"/> Bleeding disorder | |
| <input type="radio"/> Bone condition | |
| <input type="radio"/> Bulimia | |
| <input type="radio"/> Chicken pox | |
| <input type="radio"/> Frequent colds/sore throat | |
| <input type="radio"/> Constipation | |
| <input type="radio"/> Convulsions | |
| <input type="radio"/> Poor circulation/extremities | |
| <input type="radio"/> Dermatitis | |
| <input type="radio"/> Diabetes | |
| <input type="radio"/> Frequent diarrhea | |
| <input type="radio"/> Frequent ear infections | |
| <input type="radio"/> Frostbite | |
| <input type="radio"/> German measles | |
| <input type="radio"/> Gonorrhea | |
| <input type="radio"/> HIV positive | |
| <input type="radio"/> Hearing loss | |
| <input type="radio"/> Heart murmur | |
| <input type="radio"/> Heart disorder | |
| <input type="radio"/> Hepatitis A | |
| <input type="radio"/> Hepatitis B | |
| <input type="radio"/> Herpes | |
| <input type="radio"/> High blood pressure | |
| <input type="radio"/> Joint problems | |
| <input type="radio"/> Meningitis, encephalitis | |

- Mumps
- Mononucleosis
- Muscle weakness
- Obesity
- Polio
- Pneumonia, bronchitis
- Pregnancy
- Red measles
- Rheumatic fever
- Scarlet fever
- Sclerosis
- Scoliosis
- Seizure disorder
- Sickle cell trait
- Syphilis
- Thyroid disease
- Ulcers
- Whooping cough

Please describe any other conditions.

Have any of the applicant's close relatives ever had any of the following conditions?

Condition

Relation to applicant

- Mental disorder
- Tuberculosis
- Bleeding disorder
- Epilepsy or convulsions
- Cardiovascular disease
- Diabetes
- Kidney disease
- Cancer
- High blood pressure
- Muscle disorder

Please list any other pertinent medical information not previously listed relating to applicant.

Please include current record of immunization.

I attest this medical information is true and correct.

Information provided by _____

Parent/Guardian

Signature

Date

Parent/Guardian

Signature

Date

Contract, Medical Authorization, Release, and Consent Agreements

Print full name of child

Date of birth

Social Security Number

CONSENT TO PARTICIPATE

I hereby consent to my child's participation in all activities conducted as part of Experiential Learning Enterprise, Inc. I understand that some of these activities may be difficult and challenging for my child, that Experiential Learning Enterprise, Inc cannot guarantee absolute security, eliminate or foresee all risk inherent in program activities, or provide constant, uninterrupted, around-the-clock supervision of my child. I do hereby release Experiential Learning Enterprise, Inc, its principals, directors, officers, employees, agents, and faculty, from any and all liability arising from injury or damages of any kind to my property or person arising out of my participation in all facets of Experiential Learning Enterprise, Inc. I understand that despite the effectiveness of the program, results are not and cannot be guaranteed.

Signature of Parent or Guardian _____ Date _____

CONSENT TO EXAM AND TREATMENT

I hereby authorize medical personnel contacted by the staff of Experiential Learning Enterprise, Inc and under the general or special supervision of a physician licensed under the provisions of the Medical Practice Act, to provide or conduct, upon the advice of the supervising physician, such medical procedures, as they deem appropriate to diagnose or treat my child. This may include physical examination, X-ray examination, anesthetic, inoculation, immunization, vaccination, medical or surgical diagnoses or treatment, or hospital care, psychiatric evaluation, observation or treatment, psychological evaluation, testing or treatment. I further hereby authorize and consent to X-ray examination, anesthetic, dental or surgical diagnoses or treatment, or hospital care to be rendered to my child as needed by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay all fees and costs to anyone rendering emergency medical or dental care to my child.

Signature of Parent or Guardian _____ Date _____

PROCEDURES AND POLICIES TO ENSURE SAFETY AND WELL BEING

Search and Seizure: I hereby authorize the duly trained, designated, and supervised personnel of Experiential Learning Enterprise, Inc to search my child's person or personal effects for the sole purpose of discovering and taking possession of prescription, over the counter, or illicit medications, drugs, or substances. Physician prescribed medications shall remain in the possession of and be dispensed by Experiential Learning Enterprise, Inc personnel for the duration of the program. I understand that all confiscated materials will be held and turned over to me or they will be disposed of or destroyed. I authorize Experiential Learning Enterprise, Inc personnel to detain my child in the event that his actions are an imminent threat to the safety of himself and/or others.

Signature of Parent or Guardian _____ Date _____

UNAUTHORIZED DEPARTURES FROM PROGRAM

The Experiential Learning Enterprise, Inc cannot offer assurances that a student will not attempt to run away from the program. I authorize Experiential Learning Enterprise, Inc personnel to detain my child and return him or her to the program or make other arrangements for transport to an alternative safe location until I am contacted. In the event that my child does run away from Experiential Learning Enterprise, Inc, I understand that all appropriate public safety or law enforcement agencies, federal, state, county, or municipal, will be notified and supplied with information appropriate to assisting them in locating my child and taking them into custody. I may instruct the authorities either to hold my child until Experiential Learning Enterprise, Inc personnel or other designated agents can retrieve them, or to continue to hold them until I can make other arrangements for them to return to our home or to be transported to another venue. I release Experiential Learning Enterprise, Inc and its staff from any liability arising out of my child's running away from the program. I agree to pay all costs incurred by Experiential Learning Enterprise, Inc in finding and returning my child to this program or transporting my child to another safe location.

Signature of Parent or Guardian _____ Date _____

AGREEMENT TO ARBITRATE ALL DISPUTES

Experiential Learning Enterprise, Inc and the undersigned Parent or Guardian agree that any claim of any nature and description arising out of or connected in any way with the student's participation in the program, education, counseling or lodging or with any other matter arising from the student's or parent's connection and agreements with Experiential Learning Enterprise, Inc, will be resolved by arbitration in accordance with the ruled and procedure of the American Arbitration Association at its Boise, Idaho office. Questions regarding the scope of this Arbitration Agreement will be resolved by arbitration in accordance with the ruled and procedures of the American Arbitration Association at its Boise, Idaho office. Any judgment on the finding or award rendered by the arbitrator may be entered in any court having jurisdiction. By entering in to this agreement Experiential Learning Enterprise, Inc and the Parent or Guardian each relinquish their right to have any such dispute decided in a court of law and further agree to waive their right to have a jury rule on any dispute. Instead, all parties accept the use of arbitration as an economical and expeditious way of resolving any such dispute. With respect to students who are not 18 years of age this agreement shall be binding only on Experiential Learning Enterprise, Inc and the Parent or Guardian of the student.

Signature of Parent or Guardian _____ Date _____

HIGH ADVENTURE ACTIVITIES

Students will be permitted to participate in the following high adventure type activities that you may consider risky for your child, such as carefully supervised rock climbing, repelling, rafting, kayaking, horse back riding, ranch work, cross-country skiing, down hill skiing, sledding, tubing, swimming, etc. Some of these may have extra fees involved and you will be notified accordingly to seek your permission for the fee. Please indicate here if you authorize your student to participate in high adventure activities.

Signature of Parent or Guardian _____ Date _____

RELEASE OF INFORMATION

The following individuals, Medical Doctors, Dentists, Psychologists, Psychiatrists, Counselors, Therapists, Teachers, Coaches, Educational Consultant, Admissions Officer, or representatives of institutions who have treated, counseled, educated, or evaluated my child, I do hereby authorize to release all information, medical history, treatment history, diagnoses, results of psychological, psychiatric, and educational evaluations, or academic records or transcripts to Experiential Learning Enterprise, Inc to release information regarding my child to any one listed below. These individuals may have worked with my child, in the capacity indicated, prior to his or her enrollment in Experiential Learning Enterprise, Inc, may be associated with a school or program to which my child might apply or re-apply after successful completion of Experiential Learning Enterprise, Inc. A fax or photocopy of this agreement shall be deemed as effective as the original.

Name _____ Role _____
Phone _____ Address _____

Name _____ Role _____
Phone _____ Address _____

Name _____ Role _____
Phone _____ Address _____

Name _____ Role _____
Phone _____ Address _____

Signature of Parent or Guardian _____ Date _____

These Authorization, Release, and Consent Agreements are entered into effective ___/___/___(date) by and between Experiential Learning Enterprise, Inc and _____, the Parent or Legal Guardian of _____, a minor, enrolling in Experiential Learning Enterprise, Inc. These agreements shall remain in effect for the entire period of the child's enrollment. I have carefully read and understood all terms of these agreements and by signing I execute them voluntarily. I/we hereby state that I/we are the parent(s)/guardian(s) with full legal custody of _____. I/we further agree to accept full financial responsibility for any medical costs or fees charged by any licensed medical doctor or medical institution providing medical services to my/our child.

Signature of Parent or Guardian _____

Signature of Parent or Guardian _____

Printed Name _____

Printed Name _____

Home Phone _____

Home Phone _____

Emergency Phone _____

Emergency Phone _____

Address _____

Address _____

Social Security Number _____

Social Security Number _____

Date _____

Date _____

Medical Insurance Company _____

Policy Number _____

Group Number _____

- 1. Please include a copy of the front and back of your medical insurance card.
2. Certified copy of birth certificate: necessary for an Idaho Driver's license

Student Application

Directions: Please answer the following questions to the best of your ability. You may use extra paper if necessary.

I. Personal History

1. List some things that are important to you.

2. What are you good at doing?

3. In what aspects of your life do you want improvement?

4. What do you hope to gain by enrolling in our school? In other words what is/are your goal(s)?

5. What is it that leads you to make the decision to apply to our school?

6. If we asked a good friend of yours to describe you, what would they say?

6. Picture yourself in 5 years. Describe the picture.

7. When you are faced with something difficult what is your first instinct?

8. What are your gifts?

II. Outdoor Experience: Just let us know what your experience has been with the following activities (*place a “check” beneath your ability level*).

	Novice	Intermediate	Expert
<input type="checkbox"/> Backpacking			
<input type="checkbox"/> Rock climbing			
<input type="checkbox"/> Mountaineering			
<input type="checkbox"/> Map and Compass			
<input type="checkbox"/> White water boating			
<input type="checkbox"/> Horseback riding			
<input type="checkbox"/> Camping			
<input type="checkbox"/> Winter Camping			
<input type="checkbox"/> Skiing/snowboarding			
<input type="checkbox"/> Backcountry Skiing/snowboarding			

1. What specific outdoor activities would you like to experience?

2. What sports do you play on a recreational basis?

3. Have you played any high school sports? If so, what were they?

4. What else do we need to know about your outdoor experience and interests?

III. Academic Experience

1. What is your favorite subject?

2. What is your best subject?

3. What is your least favorite subject?

4. With what subject do you struggle the most?

5. What do you want to know more about?

6. Do you want to go to college? What might you study there?

7. Who is or has been your favorite teacher? How did they become your favorite?

8. Who is or has been your least favorite teacher? How did they become your least favorite?

9. Are you an artist? What is your art?

Physical Examination Form

(To be completed by physician)

To the physician:

Please complete the following form and administer the necessary testing to facilitate enrollment.

Name _____ Date of exam _____
Birth date _____ Age _____ Height _____ Weight _____
BP _____ Pulse _____

EXAM

Integument _____ Head _____
Eyes: Glasses? Yes/No _____ Vision: R _____ L _____ Funduscopy _____
Ears: _____ Allergies: _____
Nose: _____
Throat: _____
Neck: _____ Allergies to Medications: _____
Lymph: _____
Chest: _____
Heart: _____
Abdomen: _____
Genitalia: _____
Neurological: _____
Musculoskeletal: _____ Scoliosis: _____
Significant findings/recommendations: _____

Are there any physical impairments which would limit this student's ability to participate in vigorous physical activities? (Up to 6 miles of hiking per day with 35 lb backpack)

Please list all current medical problems which are now under treatment. Include all medications being taken and the dosage.

Required laboratory tests and immunizations. Please attach results.

1. Urinalysis
2. CBC w/differential
3. Glucose
4. VDRL
5. Venereal diseases
6. Tuberculosis skin test (PPD) or chest x-ray
Date _____ Results _____ If positive, has child received prophylactic treatment?
7. Tetanus (within past 10 years) Date _____

Please Print

Physician Name: _____

Address: _____

Phone Number: _____

I attest that the results of this examination are true and correct.

Physician's Signature

School Transcript and Records Release

Please sign and then submit this form to your son's/daughter's most recent school's principal, guidance counselor, or registrar.

Applicant's Name _____

I consent to the release of my child's records to Wisdom Ranch School.

Signature Date

To School Registrar:

The above named student is applying for admission to Wisdom Ranch School. Please submit high school or middle school medical and academic information including standardized tests results, courses taken, and grades received. Please accompany this information with the name and number of a contact person within your school who has dealt with the applicant. Your assistance is appreciated.

School Name _____

Contact Name _____

Number _____

Best time to reach _____

Signature Date

School Registrar: Please sign this information and return to:

John W. Tucker
Director of Admissions
Wisdom Ranch School P.O. Box 166
Arco, ID 83213
Email: john@wisdomranch.org

Clothing and Equipment Needs

Please arrange for Wisdom Ranch School to receive these items 3-5 days prior to the arrival of the student. Use a permanent marker to add your child's initials to all clothing and equipment prior to sending it.

Please send the advance package to:
Wisdom Ranch School
C/o Student's Name
4331 Champagne Creek Road
Arco, Idaho 83213

Item	Quantity	Comments
Picture Identification		School ID Card or other
Medication/Prescription	Month Supply	One month supply; prescription(s) must be in a container with the original pharmacy label intact.
Contact Lenses and Supplies	Month Supply	<i>One month supply of lenses and maintenance supplies</i>
Hard Case and Strap for Prescription Glasses		<i>If you've got a spare pair of glasses just in case...</i>
Sunglasses		<i>Good idea to send a hard case along with the shades.</i>
Toothbrush		
Toothpaste		
Dental Floss		
Lip Balm		
Underwear	8 pr	
Wrist watch		
Hiking Boots	1 pr	
Snow Boots	1 pr	<i>Winter only. Sorel style boots.</i>
Tennis Shoes	1 pr	<i>If we don't see tennis shoes in the package we'll assume they're coming on someone's feet.</i>
Day Pack	1	<i>Bookbag style</i>

Item	Quantity	Comments
Sleeping Bag – Mummy Style	1	15-20 degree bag or 0- minus 10 degree bag for winter use.
Nalgene 32 oz. Water Bottle	2	
Headlamp	1	Good quality LED works best.
Cotton Bandana	2	
Wool Socks	4 pr	Heavy or trekking socks; wool blend or synthetic; avoid Ragg wool socks. "Smart Wool" is good.
Wool or Fleece Hat	1	
Fleece jacket or pullover	1	200 weight
Light Weight Synthetic Top and Bottom	1 set	Long underwear
Expedition Weight Synthetic Top and Bottom	1 set	Winter Only, long underwear
Insulated jacket	1	Winter Only
Baseball style cap	1	One size fits all
Waterproof Jacket	1	
Shorts	1 pr	
Bathing Suite	1	Summer Only
Wool Gloves or Glove Liners	1 pr	
Insulated Gloves, ski type	1 pr	Winter Only

Item	Quantity	Comments
Cotton Socks	8pr	
Short Sleeve Cotton T-shirts	5	Avoid inappropriate emblems
Long Sleeve Shirts	3	Avoid inappropriate emblems
Blue Jeans or Carhart work pants	2	
Work Gloves, leather	1pr	
Insulated Work Gloves, leather	1pr	Winter Only
Bath Towel	1	
Toiletries		For personal comfort and use
Personal Reading Materials		
Fitted sheets x2 and pillow		Twin size
Prepaid phone card		For student calls to home
Mesh Laundry Bag		Students do their own laundry on-site

Personal Music Players: iPod Shuffle or any other non-video mp3 player, or CD player are allowed.

Do not bring or send at anytime!!!

1. Laptop
2. DVD player
3. TV
4. Cell phone
5. Money/ATM card/credit card
6. Video games/players
7. PDA/Blackberry/iPhone
8. Digital camera/ video camera

PLEASE CALL IF YOU HAVE ANY QUESTIONS ABOUT WHAT IS APPROPRIATE TO BRING.