

# Camp Aldersgate Camping Programs

## Camper Application Checklist

Please use this form as a guide to ensure a completed application is returned. Space for camping sessions is limited.  
**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ACCEPTANCE.**

1. Camper Information section  completed
2. Parent/Guardian Information section  completed
3. Emergency Contact Information section  completed  
This section must be completed in full. There must be 2 alternate contacts other than parent/guardian who do not reside in the same household.  
example: #1 is a neighbor and #2 is the camper's aunt.
4. Parent/Guardian Authorization & Release section  completed  
Parent Authorizations – includes emergency authorization for treatment must be completed and signed by a parent or guardian.
5. Optional Information section  completed
6. Personal Care and Activity Information section  completed
7. Special Instructions and Daily Routines section  completed
8. Insurance Information section  completed
9. Immunization History  attached  
**First time campers must include a complete copy of their immunization record.**  
  
Returning campers need to provide record of any new immunizations since last attending camp. If there have been no immunizations since last attending Camp Aldersgate disregard this section.
10. Health History & Physician's Authorization section  completed  
The child's physician (or Advanced Practice Nurse representing the physician) must complete this section and sign the Physician's Authorization portion.
11. Asthma History Form (if applicable)  completed
12. Camper Code of Conduct  completed
13. Registration Form  completed
14. Financial Disclosure & Fee Schedule  completed  
To be completed if applying for Weekend Camps and/or Kota Camps

Please return completed application to:



Camp Aldersgate  
Attn: Applications  
2000 Aldersgate Road  
Little Rock, AR 72205



Is a Parent/Guardian Active Duty Air Force: (circle) Yes No  
 If Yes Complete Information below:

Sponsor's Name (last, first, MI) \_\_\_\_\_  
 Sponsor's Rank \_\_\_\_\_ Sponsor's SSN \_\_\_\_\_



**Attach Recent Photo Here**

**Camper Application**

Date of this application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Please indicate the program and year your child last attended: New Camper \_\_\_\_\_ Summer Camps yr. \_\_\_\_\_ Respite yr. \_\_\_\_\_

**CAMPER INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle  
 Social Security # \_\_\_\_\_ Gender: (circle) male female  
 Where is your child's primary residence? \_\_\_\_ with both parents \_\_\_\_ with mother \_\_\_\_ with father \_\_\_\_ with guardian  
 Primary Medical Diagnosis/Condition (if not applicable write "none"): \_\_\_\_\_  
 List any Secondary Diagnoses/Conditions: \_\_\_\_\_  
 How did you hear about Camp Aldersgate's camping programs? \_\_\_\_\_  
 If possible, this applicant would like to be assigned with the following cabinmate(s): \_\_\_\_\_  
 Applying with (only for Kota Camp "paired applicants"): \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

**Mother or Guardian**  
 Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Last First  
 Employer: \_\_\_\_\_  
 Telephone Numbers: Home \_\_\_\_/\_\_\_\_/\_\_\_\_ Work \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cell/Pager \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father or Guardian**  
 Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Last First  
 Employer: \_\_\_\_\_  
 Telephone Numbers: Home \_\_\_\_/\_\_\_\_/\_\_\_\_ Work \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cell/Pager \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Who will be the primary contact while your child is at camp? (circle) Mother Father other \_\_\_\_\_  
 Best phone number to call: \_\_\_\_/\_\_\_\_/\_\_\_\_

If unable to reach parent/guardian, please notify: (Two different individuals not living in the same household are required.)  
 1) Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Daytime telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evening telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2) Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Daytime telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evening telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT / GUARDIAN AUTHORIZATION

The following authorization **MUST** be signed before applicant can be accepted as a camper.

The health history I have provided in this application is correct and complete as far as I know. I agree to inform the camp of any significant health related issues that may arise following submission of this application and prior to my child's/ward's participation in the camp's programs and understand additional information and/or physician authorization may be requested. I give permission to Camp Aldersgate, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests for my child/ward :(name of camper)\_\_\_\_\_.

I give permission for my child/ward (named above) to participate in the programs at Camp Aldersgate, Inc., in all camp activities, including field trips away from camp, except as noted by the physician or parent/guardian. I hereby release Camp Aldersgate, Inc., its Board of Directors, employees, volunteers, collaborating agencies, physicians, agents, independent contractors, and any and all parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all which may arise from or out of any injury incurred by my child/ward (named above) while in attendance at the camp. This includes any necessary transportation.

In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Aldersgate, Inc. to secure and administer any necessary treatment, including hospitalization for my child/ward (named above). I give permission to Camp Aldersgate, Inc. to arrange necessary related transportation for my child/ward (named above).

I give permission for Camp Aldersgate, Inc. staff to administer over-the-counter medications for my child/ward (named above) if the camp medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

I agree to the release of any records necessary for insurance purposes and give permission for Camp Aldersgate, Inc. personnel to receive information concerning my child/ward (named above) from various medical, therapeutic, and other professionals which may be necessary for participation in Camp Aldersgate, Inc. programs.

I grant full permission and authority to Camp Aldersgate, Inc., its collaborating agencies, and their representatives to photograph my child/ward (named above) and to use, publish, and release for publication such photos relating to the programs of the above named organizations. The name of my child/ward may be used in connection with the above, with the understanding that there is to be no exploitation of the family member and that any photographs so used should conform to standards of good taste.

This form may be photocopied for use outside of camp. My signature below indicates that I have read and agree with all the statements of the Parent Authorization.

Camp Aldersgate may not be able to accommodate all medical conditions and/or disabilities. Camp Aldersgate reserves the right to make the final decision regarding admittance and dismissal of participants to its programs. This policy is to insure that adequate provisions can be made for participants while they are in the care of the camp.  
Camp Aldersgate serves those who do not: require personal caregivers other than camp staff or engage in aggressive and/or abusive behavior. Campers are recruited on a non-discriminatory basis, without regard to race, color, creed, sex, national origin, religious or political affiliation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OPTIONAL INFORMATION

The following section is information used solely for gathering statistical information and obtaining grant funding. Omission of any or all questions will not affect the status of your application. This assists Camp Aldersgate in securing funding to lower program costs. Answer questions as they pertain to your child and his/her household.

Ethnic Origin: (circle one) Black/African American Asian White American Indian Hispanic/Latino Other: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Household Information: (circle one) two parent one parent

Number of Children, not including camper, living in household: \_\_\_\_\_

Household Annual Income: (circle one) less than \$25,000 \$25,001-\$35,000 \$35,001-\$50,000  
\$50,001-\$75,000 \$75,001-\$100,000 \$100,001 +

**PERSONAL CARE AND ACTIVITY INFORMATION**

The following specific applicant information is to be completed by parent/guardian for camp medical staff. A copy will be given to the applicant's counselors. Please attach any additional information necessary to assist the counselors and volunteers to care for your child.

Does the camper like to be called by any other name? \_\_\_\_\_ Age during camp: \_\_\_\_\_

Current grade in school: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: (circle) male female

Please indicate (✓) the level of assistance needed for the following daily activities

Personal Care Activity	needs no assistance	minimal assistance	total assistance	notes/needs	
brushing teeth					
showering					
dressng					
hair brushing					
transfer (to and from wheelchair)					
Camp Activity	needs no assistance	minimal assistance	total assistance	should not participate	notes/needs
swimming					
SCUBA					
fishing					
canoeing/boating					
outdoor sports and games					
archery					
adventure challenge activities (ropes course)					
nature trails					
arts/crafts					

Please circle/write the appropriate information below (attach additional page if needed)

**Ambulation:** wheelchair: *manual* *electric* walker  
 crutches braces walks alone - no devices  
 wanders? yes no occasionally

**Sleeping:** no problems needs help turning over  
 needs help getting in or out of bed needs bed rails  
 wets bed wears diapers at night walks in sleep  
 usual sleep time: from \_\_\_\_\_ p.m. to \_\_\_\_\_ a.m.

**Behavior:** no problems use time out (minutes: \_\_\_\_\_)  
 problems triggered by: \_\_\_\_\_  
 positive reinforcers: \_\_\_\_\_  
 suggestions: \_\_\_\_\_

**Toilet Management:** no problems diapers training pants  
 catheterization every \_\_\_\_\_ hours self-catheterization  
 catheter size \_\_\_\_\_ brand \_\_\_\_\_ type \_\_\_\_\_  
 usually has bowel movement every \_\_\_\_\_ day(s)  
 needs help with: \_\_\_\_\_

What does the applicant take for pain/discomfort:  
 \_\_\_\_\_

**Eating:** no assistance needed at meals regular diet  
 G-Tube NG-Tube tube feedings every \_\_\_\_\_ hours  
 food must be: cut chopped mashed pureed  
 must be fed special utensils: \_\_\_\_\_  
 needs help with: \_\_\_\_\_  
 special diet: \_\_\_\_\_

**Seizures:** none has seizures date of last one \_\_\_\_\_  
 Type \_\_\_\_\_  
 usual duration \_\_\_\_\_ usual frequency \_\_\_\_\_  
 triggered by \_\_\_\_\_

**Communication:** no problems non-verbal sign language  
 limited abilities can communicate personal care needs  
 communication device (type \_\_\_\_\_)

**Hearing:** no problems oral deaf  
 hearing impaired wears aides

**Vision:** normal wears glasses limited blind

**Heat Tolerance:** good fair poor

SPECIAL INSTRUCTIONS AND DAILY ROUTINES

Camp Aldersgate strives to make each camper's participation a safe, comfortable, and fun experience. It is important that we have as much information as possible regarding what your child is used to and comfortable with. Sometimes following routines or special ways of doing things helps a camper feel more at ease with a new environment. Please take a few moments and share with us your child's typical daily routine (especially consistent behavior problems, as well as personal care and mealtime procedures) and include any special instructions, techniques of motivating and rewarding your child, hobbies, likes/dislikes, etc. Everything that you provide will help us better care for your child. (example: My child will only settle down at night if I rock her. She will smile each morning if I hum a song to her.) Also include any goals you would like the applicant to achieve during their stay at camp. (examples: improve personal care skills, make new friends, learn to float in pool, etc.) Enclose extra pages if necessary.

Lined area for writing special instructions and daily routines.

INSURANCE INFORMATION

Camp Aldersgate provides medical insurance coverage which is supplemental to your existing health insurance. Our insurance covers all campers for accidents and illnesses that are camp related.

Name of carrier: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Hospital preference in Little Rock (if any): \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Physician's office phone: (\_\_\_\_\_) \_\_\_\_\_ Physician's emergency phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IMMUNIZATION HISTORY

We are required to have a copy of each camper's immunization record on file.

New campers at Camp Aldersgate - a complete copy of his/her immunization record MUST accompany this application.

Returning campers - all we need is a record of any immunizations received since last at Camp Aldersgate. If your child has not received any new immunizations, disregard this section.

Applications submitted without the required immunization information cannot be processed until this information is received. Camp Aldersgate adheres to immunization guidelines used by most educational facilities.

Please check with your school nurse or administration about obtaining a copy of your child's record.

## HEALTH HISTORY AND PHYSICIAN'S AUTHORIZATION

*The Health History and Physician's Authorization (both sides of this form) is to be completed by the applicant's Primary Care Physician. It will be used by the camp's medical staff to determine medical eligibility, be reviewed by the camper's counselors, and will be kept on file in the infirmary.*

Dear Physician,

Camp Aldersgate's Camping Programs feature 3 to 6 days of traditional camping activities for children with medical conditions, physical disabilities, and developmental delays. Accepted applicants will be assigned to live with 6 to 8 cabin mates as well as junior and senior counselors. Activities may include nature hikes, canoeing, fishing, swimming, SCUBA, archery, campfires, music, adventure/challenge (ropes course) activities, arts and crafts. Although activities have been adapted so children of all abilities can participate, they may require physical exertion and/or travel to and from various locations throughout the camp.

**Please complete both sides of this form.** Attach additional information you feel the camp medical staff should be aware of.

Primary Medical Diagnosis: *(if not applicable write "none")* \_\_\_\_\_

List any Secondary Diagnoses: \_\_\_\_\_

CURRENT MEDICATION(S) <small>(please indicate if pill, inhaler, injection, etc.)</small>	STRENGTH	DOSAGE	TIME(S)			
			breakfast	lunch	dinner	other

## ALLERGY INFORMATION

Is this child allergic to any:

Medications	Name	Reaction (be specific)	Age of last reaction
Foods	Name	Reaction (be specific)	Age of last reaction
Animals Insects Plants	Name	Reaction (be specific)	Age of last reaction
Other	Name	Reaction (be specific)	Age of last reaction

Is this child latex sensitive?            yes            no

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_

blood pressure: \_\_\_\_\_ / \_\_\_\_\_ heart rate: \_\_\_\_\_ respiration rate: \_\_\_\_\_

PHYSICAL EXAMINATION			
Body System	normal	abnormal	If abnormal, please explain
HEENT			
Cardiovascular			
Respiratory			
Gastrointestinal			
Skeleto-muscular			
Genitourinary			
Other - please explain			

Please circle/write the appropriate information below

General: frequent ear infections heart defect/disease seizures bleeding/clotting disorders hypertension rashes/ringworm  
comments regarding circled items: \_\_\_\_\_

Surgeries (specify): \_\_\_\_\_

Childhood Diseases: chicken pox mumps measles german measles other (specify): \_\_\_\_\_

For Female Applicants - Has this applicant menstruated? yes no If so, is her menstrual history normal? yes no

Special consideration: \_\_\_\_\_

Medical Equipment

wheelchair charger hearing aids dialysis cyclor other: \_\_\_\_\_

Bi-PAP C-PAP ventilator inhaler hospital bed other: \_\_\_\_\_

Has Down syndrome been diagnosed in this applicant? yes no

If yes, is the applicant clear of Atlantoaxial Dislocation Condition confirmed by diagnostic x-ray? yes no

Restrictions/limitations on participation in any camp activities: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S AUTHORIZATION

I have examined \_\_\_\_\_ within the past 6 months (date examined: \_\_\_\_\_)  
and in my opinion, his/her condition **DOES NOT** preclude his/her participation in an active camp program.

Physician's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Licensed Physician Signature (or Advanced Practice Nurse/Registered Nurse Practitioner representing the physician):

X \_\_\_\_\_ Date: \_\_\_\_\_



## CAMPER CODE OF CONDUCT

*(Please review with your child)*

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** Abusiveness toward others or using inappropriate language, fighting, stealing, etc. is not allowed. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.
- **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We encourage campers to try all activities unless excused by staff. Campers are supervised at all times and cannot be left alone.
- **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a supervisor or coordinator on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to abide by the Camper Code of Conduct

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Camp Aldersgate Fall 2019/Spring 2020 Weekend Camps Registration Form

Dear Parents and Campers,

We are excited to announce that registration for Fall 2019/Spring 2020 Weekend Camps is now open. Please note that **CAMPERS WHO ARE ELIGIBLE FOR SUMMER CAMPING PROGRAMS MAY ALSO BE ELIGIBLE TO ATTEND WEEKEND CAMPS.** In order to enroll in any of our Camps, each camper must have an up-to-date file. For more information about our Weekend Camps feel free to contact Katie or visit our website: [www.campaldersgate.net](http://www.campaldersgate.net). Space is limited, so don't wait. Sign up today!

Camper's Name: \_\_\_\_\_

### October- Fall Fest

Happy Fall ya'll! "Leaf" your worries behind and join us for a fun-filled weekend complete with campfire entertainment, pumpkin chunkin', and other festivities that you won't want to miss.

\_\_\_\_\_ October 18<sup>th</sup>-20<sup>th</sup>

### November- Around the World

Pack your bags for a weekend full of fun and adventure! Get your passport stamped as we experience different countries, cultures, and customs.

\_\_\_\_\_ November 8<sup>th</sup>-10<sup>th</sup>

### December- How the Grinch Stole Christmas

Join us for some Grinch-mas cheer as we celebrate the ending of another camp year.

\_\_\_\_\_ December 7<sup>th</sup>-9<sup>th</sup>

### January – Spies & CSI

Calling all secret agents!! If you're ready to learn how to crack secret codes, become a master of disguise, & solve mysteries, then this is the camp for you!

\_\_\_\_\_ January 24<sup>th</sup>-26<sup>th</sup>

### February – Wild Wild West

Saddle-up and mosey on over to Camp for a rootin'-tootin' good time!

\_\_\_\_\_ February 21<sup>st</sup>-23<sup>rd</sup>

### March – Superheroes

Superheroes unite! Get here in a flash for a MARVEL-ous weekend that is sure to be out of this world!

\_\_\_\_\_ March 6<sup>th</sup>-8<sup>th</sup>

### April – Outdoor Expedition

Come and explore Camp's wild side and all of the fun that nature has to offer.

\_\_\_\_\_ April 17<sup>th</sup>-19<sup>th</sup>

\*\*Please note that completing this form **does not guarantee** that your child has been placed in the session(s) selected. Camp Aldersgate will confirm your placements prior to each session.

You may return this form to Katie Jenkins or contact her with any additional questions at:

E-mail: [kjenkins@campaldersgate.net](mailto:kjenkins@campaldersgate.net)

Phone: 501.225.1444 (ext. 245)

Fax: 501.225.2019





CAMP ALDERSGATE  
COMMON GROUND FOR EXTRAORDINARY PEOPLE

**Camp Aldersgate, Inc.**  
Financial Disclosure

**Please complete this form if you are applying for the  
Kota and/or Weekend Camps.**

Camper's Name \_\_\_\_\_

The following statement of understanding **MUST** be signed before applicant can be accepted as a camper. *All information contained in this document is confidential and will be used solely for the purpose of determining fees for participating in the Weekend and Kota Camps programs.*

I understand that the information provided below will be used to determine the family's contribution towards the cost for my family member to participate in the Weekend and/or Kota Camps program(s) at Camp Aldersgate. *I further understand that should I choose not to provide my family financial information, my family member will not be eligible for any reduction in the family's contribution towards the cost of participation.*

\_\_\_\_\_ I choose not to disclose my family financial information

My family's **total annual income** is: \$ \_\_\_\_\_

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

Date \_\_\_\_\_

**Financial Aid for tuition may be available to those who qualify.**

*Please see the back of this form for Weekend and Kota Camps tuition information.*

**Camp Aldersgate, Inc.**  
**Camper Fee Schedule – 2018/2019**

The cost of summer camp is approximately \$1100 per camper per session and approximately \$700 for a weekend session. Camp Aldersgate fundraises so that we are able to offer Tuition Assistance to all campers not funded by an agency. This assistance is based on family income.

<b>Weekend Camps Tuition</b> <i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$44.00	\$35.00	\$79.00
\$25,001 - \$35,000	\$82.00	\$67.00	\$149.00
\$35,001 - \$50,000	\$126.00	\$100.00	\$226.00
\$50,001 - \$75,000	\$164.00	\$132.00	\$296.00
\$75,001 - \$100,000	\$226.00	\$180.00	\$406.00
\$100,001 and above	\$289.00	\$230.00	\$519.00
Choose not to disclose	\$289.00	\$230.00	\$519.00

<b>Kota Camps Summer Session Tuition</b> <i>Tuition must be paid in full at the beginning of each session the camper attends.</i>			
Annual Income	Cost to Families	Cost for each additional camper	Cost to families for 2 children to attend
\$25,000 and under	\$73.00	\$59.00	\$132.00
\$25,001 - \$35,000	\$148.00	\$118.00	\$266.00
\$35,001 - \$50,000	\$220.00	\$176.00	\$396.00
\$50,001 - \$75,000	\$293.00	\$235.00	\$528.00
\$75,001 - \$100,000	\$402.00	\$331.00	\$733.00
\$100,001 and above	\$514.00	\$441.00	\$955.00
Choose not to disclose	\$514.00	\$441.00	\$995.00