

Kentucky School for the Deaf Outreach Family Learning Vacation 2018



WHEN: Friday– Sunday, **June 1-3**, 2018
WHERE: Danville, KY on the campus of Kentucky School for the Deaf (KSD)
WHO: Families with deaf or hard of hearing children
COST: \$ 75 /family - up to 4 members
\$ 100 /family - 5-8 members
\$ 125 /family - 9-10 members
TIME: Friday, **June 1**– 6:00 – 8:00 "Meet & Greet"
Sat., **June 2**– 8:30 - 8:30 PM
Sunday, **June 3**– 8:15 -12:00 PM Closing

All meals included, Free Lodging

What is FLV all about?

Family Learning Vacation (FLV) is an annual statewide retreat where families with deaf and hard of hearing children from all over the commonwealth gather for a weekend of educational workshops, family activities and outdoor fun. FLV provides children with hearing loss and their families with a unique opportunity to interact with a wide variety of other children and adults with hearing loss, to make new friends, share experiences and participate in informative programs. It is designed to equip families with knowledge, connect with others, and strengthen communication skills in a safe and caring environment. The program is open to families of children with hearing loss from ages birth to graduation and all communication modes.

What happens at FLV?

Families can check into the dorm on Friday night or arrive on Saturday morning. Families go to Kerr Hall on Saturday morning for registration. On Saturday, the adults attend the keynote address, presentations, and/or panel discussion on a variety of topics while the children break into their age-group activities. The presentations and panel topics are determined by family feedback and often include Literacy, Advocacy, Raising a Deaf/Hard of Hearing Child, Communication Issues, Post-Secondary Opportunities, Behavior, and much more. Supper is coupled with a fun-for-the-whole-family event.

Sunday morning is filled with more presentations, meetings, and/or panel for the parents, children's activities, and some all-family learning, too. Lunch brings the weekend to a close, with a possible presentation by the children for their parents and/or slide show.

For more information, contact

KSD-SFSC
PO Box 27
Danville, KY 40423
859-936-6722

LeeAlan.Roher@ksd.kyschools.us

FLV Website: <http://www.ksd.kyschools.us/content/flv>

Special Notes:

- Registration Forms **MUST** be received at KSD by May 1st in order to receive t-shirts. ☺

Kentucky School for the Deaf Outreach

Family Learning Vacation 2018

COST: \$ 75 /family - up to 4 members
\$ 100 /family - 5-8 members
\$ 125 /family - 9-10 members

(All meals included, Free Lodging. All sessions & classes free.)



- Families can attend regardless of where your child goes to school and regardless of which mode of communication you use.
- You can check-in and attend the "Meet & Greet," Friday night, June 2, from 6:00 - 8:00 PM in Thomas Hall.
- For families not attending Friday night, breakfast and check-in on Saturday, June 3 from 8:30-9:00 AM in Grow Hall.
- Events are scheduled from 8:30 until 4:00 and 5:00-8:30 PM on Saturday. Breakfast is at 8:30 on Saturday morning. Breakfast will be served at 8:15 in Grow Hall on Sunday. The program will close about 1:30 PM on Sunday afternoon in Grow Hall.
- T-shirts *MAY* be given to each person who registers for FLV. Please list your groups' sizes on the Registration Form (Adult - S, M, L, XL, 2X-5X; Youth - S, M, L) in case a sponsor is found.
- Registration is limited to the first 30 families. After receiving your registration form and fee, we will send you a confirmation letter/email with directions and more information about the activities.
- The Children's Program will be for children from birth through high school.
- If your child has a special jacket/floaties please bring them too.

FAMILY LEARNING VACATION – 2018

June 1-3

Registration Form – Due May 1st for T-shirts

Registration is accepted on a first-come, first-served basis.

Send your form in TODAY with the registration fee and Child(ren)'s Information Sheet/s.



Parents/Guardians: _____ Cell: _____

Address: _____ (H) Phone: _____

_____ County _____ Email: _____

Adults: Would you like a tour of historic Jacobs Hall Museum on campus? Yes No

❖ **Please list all adults who will be in your group: (Adult - S, M, L, XL, 2X-5X Youth - S, M, L)**

<u>First and Last Name</u>	<u>Relationship to child</u>	<u>Hearing status</u>	<u>T-shirt size</u>
		Deaf / HH / Hearing	

❖ **List all of the children who will be in your group and their ages:**

<u>First and Last Name</u>	<u>Age</u>	<u>Sex</u>	<u>Birth date</u>	<u>Relationship to child</u>	<u>Hearing Status</u>	<u>T-shirt size</u>
	as of 5-30-17				Deaf / HH / Hearing	(Youth or Adult)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

❖ **SPECIAL FOOD, HEALTH, ALLERGIES or ACCESSIBILTY CONCERNS:**

Please list if any one in your group has special dietary or other accessibility and special needs

*****If your child requires one-on-one assistance, families will be responsible for providing an aide.**

___ Registration Fee of \$75(up to 4) \$100(5-8) \$125(9 - 10) Checks payable to "KSD-FLV 2018" NON-REFUNDABLE

___ Check here if you would like to include a donation toward a scholarship for another family (Amount \$_____)

Please indicate by circling if you need: **** HC Accessible Room **** 1 or 2 rooms

Signature _____ Date _____

FLV Website: <http://www.ksd.kyschools.us/content/flv>

FLV will be taking pictures during the weekend. Please sign below if it's okay for us to use your family's pictures (group or individual) in publications that may go out beyond KSD. The FLV pictures may be posted on the KSD website and the pictures may be sent by email in a newsletter.

YES, you have my permission. _____

_____ Parent or Guardian ☺

NO, do not use in publications _____

Identifying Non-identifying Either
(Circle One)

Questions: LeeAlan.Roher@ksd.kyschools.us or 859-936-6651

RETURN TO: Lee Roher KSD-FLV PO Box 27 Danville, KY 40423

FAMILY LEARNING VACATION – CHILDREN’S PROGRAM INFORMATION



Please fill out ***one form for each child*** coming to the Family Learning Vacation. The teachers will use this information to help plan and take care of your child. **RETURN THIS FORM** with application to Lee Roher , KSD, P.O. Box 27, Danville, KY 40423.

Child’s name: _____ Age: _____ Birth Date _____
Deaf Hard of Hearing Hearing

Parent/Guardian name(s): _____

Sibling’s names who are attending FLV and their ages.

- 1) _____ 4) _____
- 2) _____ 5) _____
- 3) _____ 6) _____

If your child who is deaf or hard of hearing, what is his/her mode of communication? (circle all that apply)
Sign Language - ASL Signed English Oral/speech reading

Is your child currently on any medications? **No** **Yes**
If yes, you, the legal guardian, will need to come to your child’s classroom to give the medication as needed.

Is your child potty trained? (please bring extra diapers for those not yet trained) **No** **Yes**

Does your child wear glasses? **No** **Yes**

Will your child wear hearing aids (HA) this weekend? **No** **Yes** How many? _____

Right or Left

Do they need to be removed for any activities? _____

Does your child have a cochlear implant (CI)? **No** **Yes**
Does it need to be removed for any activities _____

Should your child’s activities be restricted in any way? **No** **Yes**
Explain _____

Does your child have any allergies (foods, bees, etc)? **No** **Yes**
If yes, please explain: _____

Including yourself, list all people who have your permission to pick up your child from childcare? (*Your child will be released only to those names listed*).

Any time your child is not in the children’s program, he or she must be under your supervision. This may include meal times.

*****If your child requires one-on-one assistance, families will be responsible for providing an aide.**

****I agree what I have written here is accurate and agree to being responsible for my child when he/she is not in the planned children’s program.**

Parent’s signature: _____ Date: _____