

Statewide K-8th Grade Summer Enrichment Program For Deaf and Hard of Hearing Students



June 10 –June 21st, 2019

Application/Registration Form and Money (**Due Friday, May 24th**)
Cost: \$100-Make Checks Payable to: **KSD Summer Enrichment Program**

Student _____ M ___ F ___ Age _____ Birthdate _____ T-shirt Size _____

Race _____ Grade Student will be entering in the Fall _____ School and District _____

Parents/Guardian _____

Address _____

Street _____ City, State, Zip _____ County _____

Home Phone (_____) _____ Cell (_____) _____ Parent(s) Work (_____) _____

Email/Pager _____ Other Emergency # _____

Emergency Contacts _____

Name, relationship _____ Phone _____

General Medical Information

Allergies, health problems/concerns _____ Date Last Tetanus Shot _____ Date of Last MMR _____

Medications presently being used _____

My child is ___deaf___ hard of hearing. ___CODA___ My child uses hearing aids _____ cochlear implants _____. If yes, how many? _____

Preferred Mode of Communication ___ASL___ ___Signed English___ ___Oral___ Other (ie: Sim Com, Cued Speech, Pidgin, CASE) _____

Any special learning equipment accommodations or devices? ___No___ ___Yes, explain _____

We need a copy of your child's medical card or insurance before they can be registered!

____ Day Student ___ Dorm Student Notes: _____

Please read each statement and mark appropriately. Consent for the statements is represented by your signature.

In the event that my student should have an injury or medical emergency, I give my permission for them to receive proper/necessary care from a health official employed or representing KSD. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff or the medical facility to render treatment which is considered necessary for the student's well being. ___YES___ ___NO___

My student has my permission to be transported in school vehicles to attend activities. ___YES___ ___NO___

My student has my permission to be photographed and/or videotaped. ___YES___ ___NO___

Photos and/or my student's work can be placed on KSD's website and/or published in articles about the Summer School Program. ___YES___ ___NO___

Parent/Guardian Signature _____ Date _____

Please send the completed form **by Friday, May 24th** to:

Christie Sharp/ Stu Harper

Kerr Hall

KSD K-Grade 8 Summer Enrichment Program

KY School for the Deaf, 303 South Second Street

Danville, KY 40422

Email: christie.sharp@ksd.kyschools.us

Phone (voice) 859/936-6741

Phone (videophone) 859/ 439-0002

Fax: (859) 936-6830