



Clarke Schools for Hearing and Speech

Summer Adventure 2010

Children - ages 9-14

July 11 - 23, 2010

Tuition Early Bird \$1,325

After April 12 \$1,395

APPLICATION

(to be completed by applicant if possible)

GENERAL INFORMATION

Child's Name: _____ Preferred First Name: _____

Address: _____

Date of Birth: _____ Citizen of: _____ Sex: _____ Height: _____

Weight: _____ Color of Eyes: _____ Color of Hair: _____

Identifying marks: _____ Primary language of the child: _____

Parents' marital status: (Married, Single, Separated, Divorced, Widowed)

Who has Legal custody of the child? Both parents, Father, Mother, Other _____

Parent 1: _____ Parent 2: _____

Address: _____ Address: _____

Telephone (home): _____ Telephone (home): _____

Telephone (cell): _____ Telephone (cell): _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Telephone (work): _____ Telephone (work): _____

Email address: _____ Email address: _____

Home language: _____ Home language: _____

Legal Guardian (other than parents): _____

Address: _____

Telephone (home): _____ Home language: _____

Telephone (work): _____

Person to contact in case of emergency when parents/legal guardian cannot be reached

Name: _____ Telephone (home): _____

Address: _____ Telephone (work): _____

Home language: _____

Relationship to child: _____

Ability for Self-Preservation - Circle as Appropriate.

Can write: Name, Parents' Name, Home Address, Home Phone Number, Name of School, School Address, School Phone Number.

Can use phone in emergency: Yes No

Can make self understood through speech: Yes No

Knows to look for help from a policeman: Yes No

Has child attended the Clarke Summer Program before? _____

If possible, I would like to room with: _____

EDUCATIONAL INFORMATION

What school do you attend? _____

Type of school program:

___ in a self-contained class with hearing-impaired students

___ partially mainstreamed with hearing-impaired students

___ mainstreamed full-time

___ other, please explain: _____

Grade? _____ What is your reading level? _____

How did you hear about the Clarke Summer Program? _____

Why are you interested in attending this program? _____

Have you ever attended any other summer program or camp? ___ yes ___ no

If yes, what kind? ___ Residential ___ Day

___ With hearing-impaired children ___ With hearing children

How long? _____ Briefly describe: _____

HEARING AND COMMUNICATION INFORMATION

Please include a copy of your audiogram with this application.

What is the degree of your hearing loss? _____ Profound (90 dB - 120 dB) _____ Severe (60 dB - 90 dB)
_____ Moderate (30 dB - 60 dB) _____ Mild (10 dB - 30 dB)

1. Were you born with a hearing loss? _____

If not, at what age did you acquire the hearing loss? _____

2. What is the cause of your hearing loss? _____

3. Do you wear hearing aid(s)? ___ Yes ___ No

4. Do you have a cochlear implant: ___ Yes ___ No Bilateral? ___ Yes ___ No

5. How good are your auditory/oral communication skills?

Listening: ___ Very Good ___ Good ___ Fair ___ Have difficulty listening

Speech: ___ Very Good ___ Good ___ Fair ___ Difficult to understand

Speech-reading: ___ Very Good ___ Good ___ Fair ___ Have difficulty speech-reading

Additional comments: _____

6. How do you communicate most of the time?

___ Speech only ___ Sign & speech ___ Sign only

Other than a hearing loss, do you have any other special needs? _____ If yes, please explain _____

7. Do you use: _____ a phone? _____ E-mail?

9. Do you have any vision problems? _____

If yes, please explain: _____

SPORTS AND RECREATION EXPERIENCE

Do you like to swim? _____

What is your swimming ability? ___ Beginner ___ Intermediate ___ Advanced

Do you play any sports? _____ If yes, please list: _____

Do you have any health or medical problems that would limit your participation in the sports and recreation portion of the program? _____ If yes, please explain: _____

Do you take medication? If yes, please list. _____

T-shirt size (Adult) S M L XL XXL (Circle one)

ITEMS FOR INCLUSION WITH APPLICATION

1. A \$200 deposit is required with the application. This deposit is applied to the tuition if the child is accepted. If a child is not accepted into the program, the deposit will be returned. If a child is unable to attend our program and we are notified in writing of his/her withdrawal at least four weeks prior to the starting date, a full refund will be made. After this time, the deposit will not be returned except for medical reasons documented by a physician. In cases where all or part of the tuition will be funded by a third party, a letter of commitment or purchase order from the funding agency must be sent to the Summer Program Office. **The balance is due by July 2, 2010.**
2. A written evaluation from a teacher and/or guidance counselor regarding participation in this program. (See the enclosed checklist to be completed by your child's teacher.)
3. A recent photo of the applicant.
4. A short video (DVD) which includes an audio track of your child answering a scripted series of student I.D. questions is requested of all **new** students (see enclosed instructions).
5. A copy of the child's audiogram.

Additional information and required health forms will be forwarded with the acceptance letter. A child may not attend the Summer Program until all required forms and payment in full are received by Clarke.

Signature of child: _____

Signature of parent or guardian: _____

Date: _____

Return completed application to:
(FACSIMILES NOT ACCEPTABLE)

Yohely Salazar
Summer Program Office
Clarke Schools for Hearing and Speech
47 Round Hill Road
Northampton, MA 01060
Telephone (413) 587-7334
ysalazar@clarkeschools.org

Date received: _____



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