



## REGISTRATION: UNDER THE BIG TOP

# of adults to attend: \_\_\_\_\_ # of children (0-6<sup>th</sup> grade) : \_\_\_\_\_ # of teens (7-12<sup>th</sup> grade) \_\_\_\_\_

### ADULT REGISTRATION

**Adult #1:** \_\_\_\_\_ **Adult #2:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (cell): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email address: \_\_\_\_\_ Email address \_\_\_\_\_

Home language: \_\_\_\_\_ Home language: \_\_\_\_\_

Will you need communication access? \_\_\_\_\_ What type? \_\_\_\_\_

### CHILD REGISTRATION

Please complete the information below for *each* child who will participate in the supervised *Children's Activities* during the morning. Please note: Supervision and facilitated activities will be provided for children who are age 3.0 years and older. Children under the age of 3 years *must* be accompanied by an adult to participate in Children's Activities. Children under the age of 18 months may accompany their parent to the adult program.

**Child #1** \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Hearing loss: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, sensory device(s): \_\_\_\_\_

Special needs: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Health concerns: \_\_\_\_\_ Toilet trained: \_\_\_\_\_

Primary Language \_\_\_\_\_ Speech only \_\_\_\_\_ Sign & speech \_\_\_\_\_ Sign only \_\_\_\_\_

If under age 3, who will accompany child to Children's activities during parent programs: \_\_\_\_\_

**Child #2** \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Hearing loss: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, sensory device(s): \_\_\_\_\_

Special needs: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Health concerns: \_\_\_\_\_ Toilet trained: \_\_\_\_\_

Primary Language \_\_\_\_\_ Speech only \_\_\_\_\_ Sign & speech \_\_\_\_\_ Sign only \_\_\_\_\_

If under age 3, who will accompany child to Children's activities during parent programs: \_\_\_\_\_

### TEEN REGISTRATION

**Teen #1** \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Hearing loss: yes \_\_\_\_\_ no \_\_\_\_\_

**Teen #2** \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Hearing loss: yes \_\_\_\_\_ no \_\_\_\_\_

**REGISTRATION FORM:** • CHECKS PAYABLE TO CLARKE SCHOOL • CALL IF PAYING BY CREDIT CARD

\_\_\_\_ \$ 75.00 per family (up to 4 people) *before March 23*      \_\_\_\_ \$ 25.00 for an adult only  
\_\_\_\_ \$100.00 per family (up to 4 people) *after March 23*      \_\_\_\_ \$ 20.00 for child or teen only



### **Return completed registration form to:**

Barbara Rochon, The Mainstream Center  
CLARKE - School for the Deaf/Center for Oral Education  
48 Round Hill Road, Northampton, MA 01060-2124  
Telephone (413) 587-7313 V/TTY  
[www.clarkeschool.org](http://www.clarkeschool.org)

**CLARKE**