

# CLARKE - School for the Deaf/Center for Oral Education

Round Hill Road  
Northampton, MA 01060

## Summer Adventure 2008

Students - ages 9-13

July 13 - 25, 2008

Tuition \$1,595

### APPLICATION

(to be completed by student if possible)

#### GENERAL INFORMATION

Student'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 student: \_\_\_\_\_

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

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

\_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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 student: \_\_\_\_\_

Ability for Self-Preservation - Underline 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 student 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: \_\_\_\_\_

What grade are you in? \_\_\_\_\_

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 students \_\_\_ With hearing students

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 Type of battery \_\_\_\_\_

(R)Model \_\_\_\_\_ Serial # \_\_\_\_\_ Warranty \_\_\_\_\_

(L)Model \_\_\_\_\_ Serial # \_\_\_\_\_ Warranty \_\_\_\_\_

4. Do you have a cochlear implant: \_\_\_ Yes \_\_\_ No Model

\_\_\_\_\_

Serial # \_\_\_\_\_

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

Speech:                    \_\_\_ Very Good   \_\_\_ Good   \_\_\_ Fair   \_\_\_ Difficult to understand  
Speech-reading:        \_\_\_ Very Good   \_\_\_ Good   \_\_\_ Fair   \_\_\_ Have difficulty speech-reading  
Listening:                \_\_\_ Very Good   \_\_\_ Good   \_\_\_ Fair   \_\_\_ Have difficulty listening

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 handicapping conditions or learning disabilities? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

7. Do you use \_\_\_\_\_ a TTY/TDD?      \_\_\_\_\_ an amplified phone?      \_\_\_\_\_ E-mail?

8. Does your family have a TTY/TDD? \_\_\_\_\_

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 student 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 up to four weeks of 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 3, 2008.**
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.) Program rules will be closely observed.
3. A recent photo of the applicant.
4. A short, 3-minute video (VHS/DVD) which includes an audio track of the student engaged in some form of educational activity should be provided for all **new** students.
5. A copy of the student's audiogram, if applicable.

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.

The CLARKE Summer Program may/may not (circle one) use our name and address on a shared directory listing of the students participating in the 2008 Summer Program.

I/We do/do not (circle one) give our permission for \_\_\_\_\_ to participate in regular Clarke School Summer Program activities outside the classroom while under the supervision of Clarke School staff members. This might include field trips and weekend excursions. The staff will provide transportation in Clarke School vans.

Signature of student:

\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

**Return completed application to:**  
**(FACSIMILES NOT ACCEPTABLE)**

Chris Jackman  
 Summer Program Office  
 CLARKE - School for the Deaf/Center for Oral Education  
 47 Round Hill Road  
 Northampton, MA 01060  
 Telephone (413) 584-3450 ext. 7322 Voice/TTY