



March 24-25, 2017

Montana School for the Deaf and Blind

In contrast to Family Learning Weekends, Deaf Enrichment Weekends (DEW) are designed to create opportunities for students who are Deaf & Hard-of-Hearing to interact with their peers, rather than providing information for parents and siblings. There are no parent sessions during this weekend. The weekend is designed to promote socialization and activities that are implemented to build confidence and a sense of responsibility in each participant. **Deaf & Hard-of-Hearing students in grades Kindergarten-Transition are welcome to attend.** Activities will be modified according to each child's age and ability.

Schedule

Friday, March 24, 2017

4:30-5:00 Check in to cottages (please, no early arrivals)

5:00-6:00 Welcome & Activity in Mustang Center

6:00-6:45 Dinner in Mustang Center

7:00- 9:00 Group Activities

9:00 Good night!

The pool is being repaired. No swimming this session.

Saturday, March 25, 2017

7:30-8:45 Breakfast in the Cottages

9:00-12:05 Student Breakout Sessions

12:10-12:45 Lunch in Cafeteria

12:55-2:30 Student Breakout Sessions

2:30-3:30 Wrap Up (Parents Welcome)

Schedule is tentative and subject to change.



What can I do to make this a successful weekend?

- ♥ Check-in with your Outreach Consultant if you have questions or your plans change.
- ♥ Explain to your Deaf/Hard-of-Hearing child that this weekend is **different** from the Family Learning Weekend. Deaf Enrichment Weekend focuses on them, who they are, and their many abilities.
- ♥ Be ready to participate in activities, lend a smile, and let your personality shine through.

Release form—MSDB Enrichment Weekend

Name of participant: _____

I, the undersigned, hereby request permission to attend the MSDB Enrichment Weekend, _____ (date). I represent and warrant that I am physically and mentally fit.

I acknowledge that I will be attending at my own risk and I hereby release, discharge and indemnify Montana School for the Deaf and the Blind (MSDB) and their agents from all liability for personal injury or damage to property. _____ (initial please)

I grant permission to MSDB to utilize any likeness, voice and words pertaining to myself in television, radio, films, newspaper, or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Association and/or in appealing for funds to support such activities. _____ (initial please)

In the event of necessity, the person in charge of the Enrichment Weekend is authorized on my behalf and at my account to take such measure and make arrangements for such medical and hospital treatment as deemed advisable for my health and well-being. _____ (initial please)

Name of physician _____
 Phone _____
 Clinic name _____
 Address _____

List insurance providers including Medicaid:
 #1 _____ ID/Group # _____
 #2 _____ ID/Group # _____

Must be signed and initialed above by parent or legal guardian.

Name of parent/guardian _____

Print & Sign _____

Date _____

Home phone: (____) _____

Cell phone: (____) _____

Registration Form

Name of Deaf/HH Student: _____
Last First Grade

Birth date ____/____/____ Age: ____ Diet/Allergies: _____
mm dd yyyy

Current Address _____
Number and Street

City or Town State Zip

Home Phone: (____) _____ Cell phone (____) _____
area code number area code number

Shirt size: _____ (D/HH Participant)

Email address: _____

My Outreach Consultant is: _____

Name, age, & grade (under 21) of all family members attending with you:
(Check box if needing to stay on campus)

<input type="checkbox"/> Name _____	Last	First	Age/Grade	Deaf/HH or Hearing
<input type="checkbox"/> Name _____	Last	First	Age/Grade	Deaf/HH or Hearing
<input type="checkbox"/> Name _____	Last	First	Age/Grade	Deaf/HH or Hearing
<input type="checkbox"/> Name _____	Last	First	Age/Grade	Deaf/HH or Hearing
<input type="checkbox"/> Name _____	Last	First	Age/Grade	Deaf/HH or Hearing

*This activity is at no cost to you, other than travel expenses. **Cottages on the MSDB campus are provided on a first come, first served basis.** Dinner Friday night, breakfast Saturday morning, and lunch Saturday afternoon are also provided. Campus students will be participating in activities along with students from all over the state. If you are unable to attend, but your child would like to join us, please contact your outreach consultant to see if travel arrangements can be made.*

Please email, mail, or fax this form by March 20, 2017 to:
 Jim Kelly II
 Deaf Enrichment Weekend
 3911 Central Avenue
 Great Falls, MT 59405
 EMAIL: jkelly@msdb.mt.gov
 FAX: 406-771-6164
 1-800-882-MSDB (6732)