

FAMILY INFORMATION

PLEASE PRINT

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Email: _____

Number of family members attending: Adults ____ Children ____

Names of Adults Attending:

Parents: _____

Grandparents: _____

Other Adults: _____

Professionals: _____ Title: _____

NOTE: Counselors are provided based on the information which you provide below. Please be specific.

Names of all children attending	Age	Sex	Blind	Visually Impaired	Physically Disabled	Deaf-Blind
_____	____	___	___	_____	_____	_____
_____	____	___	___	_____	_____	_____
_____	____	___	___	_____	_____	_____
_____	____	___	___	_____	_____	_____

Please note any other special considerations we should be aware of concerning your child (eg: medication, food allergies, behavioral concerns, special communications needs, preferred activities, etc.):

Date: _____ Signature: _____

SESSION INFORMATION

Do you need:

An Interpreter?	Yes ___ No ___
Language?	_____
Sign Language?	Yes ___ No ___
Braille?	Yes ___ No ___
Large Print?	Yes ___ No ___

If you need assistance in arranging overnight accommodations, please contact Linda Cummings at (617)972-7393 no later than April 11, 2008. A limited number of rooms are available on campus.

Please review the agenda and check the session choices you are most likely to attend:

Morning: 1. Amblyopia, Strabismus ____ 4. Incorporating Literacy ____
 2. Blindness & Autism ____ 5. Effective Member ____
 3. Literacy Decision ____ 6. Building Sanity ____

Afternoon: 1. We Can Make Music ____ 4. Etiologies & Syndromes ____
 2. Home & School Environment ____ 5. Specialized Services ____
 3. Augmentative Communication ____ 6. Parent Panel ____

Which Parent-to-Parent group or Professional Group are you most likely to attend? _____

Please return this form with the registration fees by April 18, 2008.

Family (2 Adults & Children \$35.00)	_____
Additional Adults (\$5.00 per person)	_____
Professionals (\$35.00 per person)	_____
Total Enclosed	_____

Make check payable to Perkins School for the Blind :

Mail to: Tom Miller
 Perkins School for the Blind
 175 North Beacon St.
 Watertown, MA 02472