

**WPSD FAMILY LEARNING WORKSHOP REGISTRATION
MARCH 24 & 25, 2017**

Family Name: _____ **Email address:** _____

Address: _____
Address City State Zip

Phone: _____
Home - Voice/VP Work Cell

Please list any special considerations regarding children and adults attending so we can better serve the needs of your family.

Attending Adult's Name(s)	Relationship to Deaf child	Deaf, Hard of Hearing Or Hearing	Special Accommodations or Interpreting Needs
1			
2			
3			
4			

Attending Child/Children Name(s)	Sex	DOB	Deaf, Hard of Hearing Or Hearing	Special Needs, Dietary or Allergies
1				
2				
3				
4				

(Note: Add an additional sheet, if necessary, for extended/larger families or for special concerns/needs.)

We plan to attend on: (Please check all that apply.)

- Friday Dinner:** _____ # Adults _____ #Children
- Room Accommodations:** _____ # Adults _____ #Children
- Saturday:** _____ Morning Only _____ Afternoon Only _____ Entire Day
- Breakfast:** _____ #Adults _____ # Children
- Lunch:** _____ # Adults _____ # Children

I give permission for my child/family to participate in all of the activities related to this workshop. I allow my child/family to be photographed for purposes related to this workshop and understand that photos may be used in school publications and other related events.

Signature of Parent/Guardian _____

Date _____

Registration Deadline: 3/20/17

Please mail or email form to Sally Wellman 300 E. Swissvale Ave. Pittsburgh, PA 15218 or
swellman@wpsd.org.