

Hands in Motion Summer Enrichment Program

For Deaf and Hard of Hearing Children
from Ages 2 through Fifth Grade

Monday - Friday • July 5 - 28, 2017 • 8:30 - 11:30 am
at South Dakota School for the Deaf

APPLICATION FORM



Full Name of Student (please print): _____

Grade as of May 2017: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Parent's E-mail: _____

Emergency Contact and Phone Number _____

Gender: Female Male Circle one: Deaf Hard of Hearing

Mode of Communication: _____

What dates will your child be attending?

July 5 - 7 July 10 - 14 July 17 - 21 July 24 - 28

Do you want a T-shirt? yes no T-shirt Size: _____

Does your child have any allergies? _____

Does your child have any additional disabilities or special requirements? _____



I wish to have my child (print full name): _____
attend the free 2017 Hands in Motion. As further disclaimed herein, the Summer Enrichment Program or its teachers will not be held liable for any injuries. Users, or their parents or guardians, are responsible for providing health insurance coverage while attending the Summer Enrichment Program. I give permission for my child to participate in Summer Enrichment Program activities. I understand that I will be held responsible for the cost for any damage caused by my child. My child has my permission to participate in scheduled field trips and my child can be photographed, videotaped or interviewed for research and/or promotional purposes (names will be kept anonymous) during the Summer Enrichment Program.

Signature of Parent/Guardian _____

Date _____

Once the registration is received, more information regarding the program will be sent to you.

Scan and email form to julie.luke@sdsd.sdbor.edu
Or send all paperwork to: Summer Enrichment Program
Attention: Julie Luke
2001 E. 8th St.
Sioux Falls, SD 57103

Sponsored by South Dakota
Department of Education Special
Education Programs, South Dakota
Parent Connection, and South
Dakota School for the Deaf.