**Registration Form for “Science with Jefferson Lab”**

**Sponsored by Outreach Services, VSDB in Collaboration with Jefferson Lab**

**Saturday, May 21, 2016, 9:30 – 2:30**

Please complete this registration form and email it by May. 4 to [Debbie.pfeiffer@vsdb.k12.va.us](mailto:Debbie.pfeiffer@vsdb.k12.va.us) or mail it to Dr. Debbie Pfeiffer, VSDB, P.O. Box 2069, Staunton, VA 24402 to be received by May 4, 2016

**Student:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/grade: Gender: \_\_\_Male \_\_\_ Female Grade: \_\_\_\_\_\_\_\_\_\_\_

How does your child communicate? (Please check one or both)

\_\_\_ Understands through sign language and talks using sign language

\_\_\_ Uses listening and spoken language

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies or dietary needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:

Other special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s current school division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will a Sibling attend with student? \_\_\_Yes \_\_\_ No If yes:**

Name of sibling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies or Dietary needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications or Other special needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Caregiver**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_ Zipcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Agenda for Saturday, May 21, 2016**

**9:30** - Families should arrive at VSDB, 104 VSDB Dr, Staunton, VA where the student/sibling will be signed in by parent/caregiver. **(The name of the building and room number will be sent with your confirmation of registration.)**

**10:00** Student/sibling will participate in science activities with Brita Hampton, Science Educator of Jefferson Labs, volunteers, and others.

Parents are free to explore Staunton while the students are involved in Science activities.

**12:00** Students will be provided with lunch; immediate family members are welcome to join for lunch!

**1:00** Students will complete science activities and have time to reflect on their experiences.

**1:30** All parents return to VSDB and are invited to join students at 1:30 for **a special presentation by the Virginia Department for the Deaf and Hard of Hearing (VDDHH**). Jennifer McDonald of VDDHH will be exhibiting equipment from the **TAP (Technical Assistance Program).** These are alerting devices for homes, including special alarm clocks and telephones for people who don’t hear well. Students will join their families for the TAP exhibit.

**2:30** Activities/exhibit ends; adjournment.

If you have questions, please feel free to contact Dr. Debbie Pfeiffer at [Debbie.pfeiffer@vsdb.k12.va.us](mailto:Debbie.pfeiffer@vsdb.k12.va.us) or call me at (540) 414-5249.

Thanks! We hope to see you on May 21!

**Debbie**