"Clementine, the Musical", Sat., Nov. 4, 2017 at the Barter Theatre Stage II, Abingdon, VA,

Sponsored by Virginia Department for the Blind and Vision Impaired and Outreach Services, VSDB.

Registration must be received by 4:00 pm Oct. 30, 2017. Registration does not guarantee that you will be able to attend this event as attendance is limited to the first 40 family members registered. Emails will be sent to let those who register know if they have been confirmed for the event, or if they will be on a waiting list.

Questions should be sent to Dr. Debbie Pfeiffer at Debbie.pfeiffer@vsdb.k12.va.us

Thanks! We hope to see you there!

What is "Clementine, the Musical" About?

Clementine is having a “not so good of a day” – but this spunky eight-year-old doesn’t let a trip to the principal’s office get her down! Whether she’s cutting the glue out of her best friend Margaret’s hair, concocting a scheme to prevent her teacher Mr. D’Matz from moving to Egypt, or riding the service elevator with Mitchell, who is N-O-T not her boyfriend, Clementine’s antics are sure to make you laugh. Come join America’s favorite curly-haired carrot-top as she navigates the hilarious waters of friendship, family, school, and mischief on an epic third-grade adventure you’ll never forget!

 Click "Next" to register now!

\* Means a response is required

Registration

Name of Parent(s) \*

Mailing Address \*

Phone number (please include area code) \*

Email address \*

I am a ... \*

\_\_\_\_ parent of the child with a vision loss

\_\_\_\_ parent of a child with a hearing loss

\_\_\_\_ other

Student's date of birth \*

Student's eye condition (or state, “none”) \*

Student's functional vision \*

\_\_\_\_totally blind

\_\_\_\_light perception only

\_\_\_\_low vision

\_\_\_\_cortical vision impairment

\_\_\_\_field loss

\_\_\_\_no vision loss

Accommodation needed for reading material \*

\_\_\_\_Braille

\_\_\_\_Large print

\_\_\_\_None

\_\_\_\_Other:

Student’s functional hearing

\_\_\_ student hears normally

\_\_\_ student hears some speech

\_\_\_ student does not hear speech

How does your child receive language?

\_\_\_ through listening

\_\_\_through sign language

\_\_\_through listening and sign language

\_\_\_ other (pls describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Accommodations needed (Audio description and interpreters will be provided. If additional accommodations are needed, pls describe below and register **as soon as possible** to ensure accessibility.) If none, pls state "none". \*

Your student with a visual or hearing impairment must be accompanied by at least one parent, but may bring up to 3 family members (ex.- student, Mom, Dad, and sister for total of 4) How many total family members will attend the play and have lunch with us? \*

\_\_\_\_a total of 2 from our family will attend the play and lunch (student and one parent)

\_\_\_\_a total of 3 from our family will attend the play and lunch

\_\_\_\_a total of 4 from our family will attend the play and lunch

How many total family member will attend the career awareness session after lunch, 12:30 - 2:00? \*

\_\_\_\_my child is too young - none of us will attend.

\_\_\_\_2 of us will attend the career awareness event

\_\_\_\_3 of us will attend the career awareness event

\_\_\_\_4 of us will attend the career awareness event

Does any family member accompanying student need special accommodations? (Ex. - Gramma is in a wheelchair and needs special seating) \*

Please list any dietary restrictions for family members attending lunch or reply "no restrictions for anyone" (ex. - child#1 is gluten free and vegetarian; Child #2 is vegetarian; no other restrictions for others) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that state funds are being used to pay for each family member to attend this event (cost of play, lunches, and career awareness session), and I'll do my best to let you know in advance if one or all must cancel. \*

\_\_\_\_\_I have read the above statement and understand.

I would like to receive information about future events, trainings, parent meetings from DBVI and Outreach Services, VSDB.

\_\_\_\_\_Yes

\_\_\_\_\_No

Please mail this form to:

Dr. Debbie Pfeiffer

VA School for the Deaf and the Blind

104 VSDB Dr.

Staunton, VA 24402

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