

# In-Home Instruction Registration Form

## Primary Contact Person's Information

Name of Primary Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ text

Address \_\_\_\_\_  
street name and number                      unit / apt. #                      city                      postal code

Major Intersection \_\_\_\_\_

## Family Information

Name of Deaf/Hard of Hearing family member \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ child does not yet attend school  adult - N/A

Does the Deaf family member have any additional needs / disabilities? no  yes

please describe \_\_\_\_\_

What is the primary language used in your family's home? \_\_\_\_\_

How do you communicate with your Deaf / HoH family member at home?  
\_\_\_\_\_

What are your communication goals for your family?

please mention what you would like to learn

(eg. expand/improve vocabulary, improve conversational ASL, learn more school related signs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about this program?

Friend / Family member

Agency referral

Silent Voice website

other \_\_\_\_\_

## Participants

(please list everyone, including yourself and Deaf family member, who will be participating in these sessions at your home)

Name of participant	Age	Relationship (to Deaf family member)

## Preferred Dates/Times

Please select which dates/times work best for your family.

- Mon     Tue     Wed     Thur     Fri     Sat     Sun
- mornings     afternoons     evenings

## Sign up for e-Newsletter

Sign me up for ASL Programs' email newsletter to receive weekly updates of family friendly ASL events in my area!

- Yes, please sign us up!    Email \_\_\_\_\_
- No, thank you.

## Payment Options

Payment is required before instruction can start. Please indicate which payment method you will use:

Cash

Cheque\*

Credit Card

\*make cheques payable to "Silent Voice"

### OFFICE USE ONLY

Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Cheque # \_\_\_\_\_ Invoice # \_\_\_\_\_