



**The CARE Project Family Retreat - Sept 29-Oct 1, 2017**  
**Burke Mtn Hotel & Conference Ctr; East Burke, VT - [skiburke.com](http://skiburke.com)**

**WELCOME! This weekend retreat is geared towards families who have children aged 0-3 with hearing loss. Before you proceed with your application, we want to make sure you understand a few things upfront!**

- a) **COMMUNICATION.** If selected to attend, you **MUST** communicate with us on a regular basis. We always give deadlines and allow plenty of time to respond. However, *if you are unable to check your email and correspond in a timely manner, our retreat may not be a good fit for you.* If you have extenuating circumstances, please elaborate in the provided space on the application.
- b) **SCHEDULING.** Please, *only apply if you can commit to the following schedule:* arrival at Burke Mountain Hotel Friday evening (9/29) by 8-9pm, attendance at ALL workshops and events Saturday & Sunday (9/30-10/1), then departure no earlier than 1:30pm on Sunday 10/1. If you are selected and then find that you are unable to attend, it is imperative that you let us know ASAP so that we can alert a waiting-list family to attend in your place. *\*Friday night dinner is provided for attendees who arrive by 5:45pm. If you are unable to arrive until later than 5:45pm, please make plans to eat dinner before arrival.*
- c) **CHILDCARE.** Our dedicated, qualified volunteer team will lead age-appropriate activities for the kids while parents are in workshops. We understand the apprehension that comes along with being away from your children, but our retreat's structure does require your consent to be separated for a few hours. *All attendees under the age of 18 MUST be under adult supervision, at ALL times, during the retreat.*
- d) **ACCOMMODATIONS.** Housing and meals are provided by The CARE Project. Your family will be given a private hotel suite with 1-2 beds, sofa bed, bathroom, and fully-equipped kitchenette (mini fridge, microwave, coffee pot, etc). Lunch and dinner will be served by Burke Mtn Hotel. TCP will provide a continental breakfast in your room. You are welcome to bring snacks in order to supplement. We will do our best to accommodate allergies and dietary restrictions, if they are communicated in advance. *\*If you arrive past 5:45pm on Friday, you are responsible for eating dinner beforehand.*
- e) **ALCOHOL.** TCP does not provide alcohol. Alcohol is not permitted during workshops, meals, and social activities. You may bring alcohol & **responsibly** consume it after **all** TCP activities are finished for the day. Burke Mountain Hotel & Conference Center is a smoke-free resort. *Public intoxication and failure to abide by these rules will not be tolerated.*

**If you consent to the terms above,** please continue with your application!  
*If you would like to see photos and read about past retreats, please visit [thecareproject.com](http://thecareproject.com).*



**TCP FAMILY RETREAT APPLICATION FOR VERMONT RETREAT**  
**Must be received by August 4, 2017**

**CONTACT INFO**

Name of primary contact (retreat attendee who will read all info & correspond with CARE):

Preferred contact phone number:

Email (we will never spam you; please list a functioning email address):

Retreat attendance requires consistent communication via email. Are you able to check your email regularly?

If not, please explain. Be sure to include an alternate method of communication, keeping in mind that you must be consistently available via that method.

Family Address:

How did you find out about The CARE Project and/or the retreat?



## **RETREAT ATTENDEES**

This retreat is designed to serve parents, the child with hearing loss, and his/her siblings. However, we also understand that not all primary caregivers are birth-parents! Whatever your situation, we welcome TWO (2) primary caregivers from your family. BOTH caregivers must participate in all workshops & activities.

Please list the names of the TWO (2) primary caregivers to attend. If only one (1) primary caregiver can attend, just leave the second space blank.

1.

Relationship to child with hearing loss:

2.

Relationship to child with hearing loss:

Please list the name(s) and age(s) of the child (or children) with hearing loss. (Remember, this retreat is geared towards families with *children aged 0-3 who have hearing loss*):

What mode of communication is currently being used in your home (ASL, spoken language, cued speech, lip-reading, combination of any/all)?

Will your family require the services of an ASL interpreter or cued speech transliterator during the retreat?

Please describe your child or children's hearing loss. Include diagnosis, equipment used (if any), and any other info you feel is important:



You are welcome to bring all children in your family! Please list the names and ages of any siblings who will attend:

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

Do you feel we that should be aware of any additional pertinent information regarding siblings? If so, please explain:

Write a statement explaining why you would like for your family to participate in the CARE Project Retreat Weekend. What skills and knowledge do you hope to gain? How could this retreat help benefit your child/children? If you're filling out your application by hand, feel free to use the back if necessary.

**Thank you for taking time to fill out the application. You will be notified via email by August 11. If you are selected to participate in the retreat, we will request more in-depth information to help us meet the needs of your family.**

You may return the completed information above via email to [lara@thecareproject.com](mailto:lara@thecareproject.com). (Preferred.)

If you need to send regular mail, please send to:

The CARE Project  
716 Staley Court  
Raleigh, NC 27609

**MUST BE RECEIVED BY August 4, 2017.**