



The CARE Project Family Retreat November 3-5; Bald Head Island, NC

WELCOME! Before you proceed with your application, we want to make sure you understand how our retreats are run and structured.

- 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 BHI Friday evening (11/3) by 9pm, attendance at ALL workshops and events Saturday & Sunday (11/4-11/5), then departure no earlier than 2:30pm on Sunday 11/5. If you are selected and then find that you are unable to attend, it is imperative that you let us know in advance so that we can alert a waiting-list family to attend in your place.

- c) **CHILDCARE.** During certain time periods, adults will be separated from kids. We have a dedicated, qualified childcare team that leads activities for kids of all ages – beach walks, volleyball, songs, board games, stories, and more! 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.*

- d) **ACCOMMODATIONS.** Housing and meals are provided by The CARE Project. Your family will be housed in private accommodations containing a kitchen, living area, and 3-4 beds. We do our best to accommodate dietary allergies and restrictions if they are communicated in advance. However, if you have **VERY** strict dietary needs, you may need to supplement with your own snacks/beverages. *Please note, we do NOT provide dinner Friday evening.* Participants are responsible for travel to/from the ferry dock in Southport, as well as parking.

- e) **ALCOHOL.** For insurance and liability purposes, *alcohol is NOT served at official CARE meals, activities, and workshops.* However, you are free to do as you wish while in your own private accommodations and during scheduled free time. *Irresponsible alcohol use and/or public intoxication will not be tolerated.*

Thanks for reading! 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.



BHI FAMILY RETREAT APPLICATION

Must be received by September 1, 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 Family Retreat?



RETREAT ATTENDEES

This is a Family Retreat 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. **At this time, we cannot accommodate more than 2 primary caregivers.*

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:

What mode of communication is currently being used in your home (ASL, spoken language, lip-reading, cued speech, 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:



Please list the names and ages of any siblings who will attend:

- 1.
- 2.
- 3.
- 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 Sept 15. 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.

Please return the completed information above via email to lara@thecareproject.com

Or regular mail:

The CARE Project
716 Staley Court
Raleigh, NC 27609

MUST BE RECEIVED BY September 1, 2017