

2016-2017 SHORT COURSES

June 4th , 2017

**“A Day in Annapolis”**

*Come join us for a walking tour around our state capitol ending with a sensory tour and craft at the William Paca House.* **See attached information about the sensory tour.**

Students can meet at MSB to ride down to Annapolis at 10 a.m. or meet the group at the state capital at 11 a.m.  Students and families can also choose to attend the sensory tour only. This event is for all ages; please bring money to buy lunch*.* ***RSVP by May 26th, returning registration and informing us of your transportation interest.***

[www.marylandschoolfortheblind.org](http://www.marylandschoolfortheblind.org/)  



**2nd Annual GARDEN QUEST FOR STUDENTS WITH VISUAL IMPAIRMENTS/BLINDNESS**

Please join us for a Garden Quest at the Paca Gardens in Historic Annapolis! Come meet other students with visual impairments from around the state and network with families. This event is sponsored by The Maryland School for the Blind Outreach Program, AACPS Vision Services, and Historic Annapolis. After the garden tour and optional house tour ice cream, generously donated by an ice cream shop, will be served

**PROGRAM**:The Garden Quest is a sensory tour of the historic colonial garden at the Paca House in Annapolis. On the Garden Quest students will investigate natural materials in the environment including flowers, herbs, spices, trees, bushes, and a fish shaped pond. [http://www.annapolis.org/contact/william-paca-house-garden](http://www.annapolis.org/contact/william-paca-house-garden%20)

# DATE: Sunday, June 4th, 2017

TIME: 1:00-3:00 p.m.

COST: Free

### PLACE: Paca House Gardens at 186 Prince George Street, Annapolis, MD

 Suggested Parking: State Garage on Bladen St.(free on weekends) #10 on parking map <http://downtownannapolis.org/_pages/transport/tr_parking.htm>

RSVP by May 26 to ruthhmdschblind.org or Eboggs@aacps.org

Questions: Eldre Boggs 443-510-4065 or eboggs@aacps.org

REGISTRATION – Annapolis

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| ***PARTICIPANT INFORMATION:***Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vision Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*VISUAL INFORMATION (Students are required to bring portable low vision or Braille devices and canes):*

Eye Condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Vision: \_\_\_ Totally Blind \_\_\_ Partially Sighted \_\_\_ Legally Blind \_\_\_ Wears Glasses

Field Loss: \_\_\_ Yes \_\_\_ No

Child uses the following for learning: \_\_\_ Regular Print \_\_\_ Large Print \_\_\_\_ Braille \_\_\_ Auditory Skills

Travel Skills: \_\_\_Independent \_\_\_Needs Supervision \_\_\_Uses Cane \_\_\_Prefers Sighted Guide

*ADDITIONAL INFORMATION:*

Other Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications your child currently takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:

Medication (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*RELEASE STATEMENTS:*

Photo Release: Many pictures are taken during the programs of various activities. These pictures are sometimes used, along with press releases, to provide public relations information to television stations, newspapers and other publications. I grant permission for my family to be photographed for the above purposes.

 \_\_\_ Yes \_\_\_ No

Legal Guardian Signature:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fax or mail registration to:**

***The Maryland School for the Blind***

Outreach Department

3501 Taylor Avenue

Baltimore, MD 21236

Phone: 410-444-5000 ext. 1249 **FAX: 410-319-5708**

Email: ruthh@mdschblind.org