



# Birth to Five Vision Network

*Serving Children with Visual Impairments and Their Families*

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

## Family/Professional Workshop

### "Becoming a Resourceful Parent in Challenging Times"

Find out how you can best meet the needs of your visually impaired child and family by learning how to access resources in your area including recreational, medical, SSI, mental health, services related to your child's visual impairment and much more.

**Date:** Saturday, March 13<sup>th</sup>, 2010

**Time:** 8:30AM – 3:00PM

8:30-9:00	Registration/Child Care Registration
9:00-11:00	Parent Panel
11:00-11:45	Resource Fair
11:45-12:30	Support Groups "Partners in the Process"
12:30-1:30	Lunch
1:30-3:00	Family Fun Activities

Please plan on staying all day to participate in some fun family games and receive a **FREE** home-made activity kit.

**Location:** Blind Children's Learning Center  
18542-B Vanderlip Ave  
Santa Ana, CA 92705

**Cost:** \$15 per family, \$25 for professionals

**Lunch and child care will be provided. Spanish translation will be available.**

Child care is provided from 8:30AM-12:30PM

\*Please come prepared with a valid email address. Many of the resource booths will be able to send resources directly to you from the event via email.\*

To register, please fill out the registration form and mail to:

Center for the Partially Sighted

Attn: Tori Schladen

6101 West Centinela Ave. Ste 150

Culver City, CA 90230

call 310-988-1970 x171

email [toris@low-vision.org](mailto:toris@low-vision.org)



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**"Becoming a Resourceful Parent in Challenging Times"**

**Registration Form**

Please return by March 5<sup>th</sup>, 2010

Please make check payable to: Birth to Five Vision Network

Parent(s) Name: \_\_\_\_\_ Visually Impaired Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Program that provides services for your child's visual impairment: \_\_\_\_\_

Names & ages of other children attending:

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

Names and relationship to child of additional adults attending:

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

Language preference for support group and informational handouts:

English: \_\_\_ Spanish: \_\_\_ Other: \_\_\_\_\_

How did you hear about the conference?

- \_\_\_ website  
 \_\_\_ child's teacher (name \_\_\_\_\_)  
 \_\_\_ other parent  
 \_\_\_ doctor  
 \_\_\_ other

For Board Member use only.

Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Total # of children \_\_\_\_\_ Total # of adults \_\_\_\_\_