



Second Annual Special Needs Convention Summer 2012

St. Stephen Christian Retreat Center, Titusville, FL
Monday, July 16th – Thursday, July 19th, Disney July 20th
Fax to 1-877-713-3120

Name of Participant (Identified Individual with Special Needs): _____
Address _____ Home Phone _____ Emergency Contact _____
Church _____ Priest Name _____ Priest Phone _____
Church Address _____ Priest Email _____

Father _____ Cell Phone _____ Email _____
Mother _____ Cell Phone _____ Email _____
Name of Sibling (1) _____ Age _____ Grade _____ Gender _____
Name of Sibling (2) _____ Age _____ Grade _____ Gender _____
Name of Sibling (3) _____ Age _____ Grade _____ Gender _____
" " " "

Names and information of other family attendees: _____

Please provide more detail for each section below:

Does the participant have a nickname? If yes, please provide _____

Primary language of participant _____ Secondary Language _____

Height _____ Weight _____ Age _____

Communication: Speech: [] Very Good [] Good [] Poor [] Non-Verbal []

Special Words: _____

Special Signs: _____

Special Sounds: _____

Sensory/Special Devices: []hearing aide []Visual aide []communication device []other _____

Gross Motor Skills: []wheelchair []walker []no assistance/independent []child can swim [] other _____

Fine Motor Skills: []can color []can write []can use scissors [] other _____

Can your child feed him/herself? Yes [] No [] []puree []Tube fed [] no assistance/independent []other _____

Fears/Phobias: []loud noises []dark [] water [] certain animals [] other _____

Sensory Issues: _____ Dietary Needs: _____ Allergies: _____

Favorites: Saint _____ Color _____ TV Program _____ Toy _____

Character _____ Story _____ Song _____ Movie/Video _____

My we use/post photos taken at the convention? Yes _____ No _____

Please list four beneficial topics for the parents you would like the convention to cover:

1. _____ 2. _____ 3. _____ 4. _____

T-Shirt(s): Quantity [] Size(s) [] [] [] [] [] Meals: Number of Persons []

Parents will be responsible for attending to their child/children’s special circumstances regarding restroom needs, dispensation of medication, discipline, and/or any other accommodation beyond the scope of what the volunteers are able to perform.

I agree to all the guidelines set forth by Archangel Raphael Ministry and hereby authorize the SUS Diocese staff and servants to share this information with the volunteer staff assigned to my child during our attendance at the Archangel Raphael Ministry Retreat.

Father’s Signature _____ Date _____ Mother’s Signature _____ Date _____

“For He shall give His angels charge over you, to keep you in all your ways.” Psalm 91:11

Archangel Raphael Ministry (A.R.M.), a program under the auspices of the Coptic Orthodox Diocese of the Southern United States, provides information and resources, but is not responsible for the accuracy of the information. We encourage our readers and participants to check with their local agencies.



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By the grace of God, the SUS Diocese is pleased to announce the 2nd Annual Special Needs Convention. This enjoyable annual convention for individuals with special needs and their families has been established to address the many concerns experienced by families with loved ones with special needs. Spiritual lectures and presentations from specialists and professionals in the community will address many concerns, challenges, and informative topics. The program includes Divine Liturgies, workshops, field trips, activities, and fun for the entire family.

Date: July 16 - July 20, 2012
Location: St. Stephen Christian Retreat Center
4851 South Washington Avenue
Titusville, FL 32780

Check-In: Monday July 16, 2012 after 1:00 PM
Check-Out: Friday July 20, 2012 before 11:00 AM
Friday-Disney Park Optional (Fees Separate)
Additional Stay-Optional (Fees Separate)

COST

Room: \$50 per night (some rooms can sleep up to four)
Meals: All-inclusive from July 16th Dinner – July 20th Breakfast
Under 10 → \$55
10-17 → \$65
18 + → \$80

*To register and pay online, please click here: <https://www.suscopts.org/ConventionRegistration/attendees>.
Registration Deadline is June 18th. Unfortunately, there will be a \$25 cancellation fee.

*Please complete the attached questionnaire and fax to: **1-877-713-3120**.
The Questionnaire can also be found at:
<http://www.copticangel.org/PDF/ARMSummer2012Questionnaire.pdf>.

We need to know specific information about each participant (the identified individual with special needs) and other attendees so we may assign the appropriate number of volunteers and provide activities, dietary provisions, and/or any other special accommodations. The information provided in the questionnaire is confidential and with parental permission will only be shared with the volunteer staff of this convention.

*If you would like to be a volunteer, please click here to register:
<https://www.suscopts.org/ConventionRegistration/attendees>. Please click here to download Volunteer Questionnaire: <http://www.copticangel.org/PDF/ARMSummer2012VolunteerForm.pdf>. Please download the form, complete it, and fax it to **1-877-713-3120**.

*To view flyer, please click here: <http://www.copticangel.org/PDF/ARMSummer2012Flyer.pdf>

*To make a donation or to sponsor a family or an activity, please **click here**:
<https://www.suscopts.org/diocese/donations>. Then, select Archangel Raphael Ministry.

For general questions or convention information:

Contact Us: info@copticangel.org

For personal or financial concerns, kindly contact Fr. Joachim Boutros

Phone: 239.273.5029 or Email: father_joachim@yahoo.com

Priest, St. Mark Coptic Orthodox Church, Ft. Meyers, FL

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