

# Back to School Workshop

For Children with Sickle Cell Disease & Parents

**FREE!!**

**Saturday, October 24, 2009  
10:00 am – 1:30 pm**

*Registration will begin at 9:30 am*

**Jackie Robinson Center  
1020 N. Fair Oaks Avenue  
Pasadena, CA 91103  
(626) 744-7300**

**Activities  
for the Kids!!**

## **WORKSHOP DESCRIPTION:**

This workshop is designed to address the needs of children with sickle cell disease in the school setting, the processes required for the 504 plan and Individual Education Plan (IEP), preparing your child for college, math readiness and more!!

We will have break out sessions for parents of elementary, middle and high school. Activities for the children will be provided.

We have a group of dedicated retired teachers and administrators from the Los Angeles Unified School District who are available to work with our families on a one-on-one basis as needed.

*Please plan to join us, don't miss this event!!*

**TARGET AUDIENCE:** *Parents of children with Sickle Cell Disease (ages 0-18)*

**REGISTRATION DEADLINE:** Monday, October 19, 2009, *walk-ins will be accepted as space is available. We do encourage pre-registration.*

**LUNCH WILL BE PROVIDED**

## **FOR MORE INFORMATION OR TO REGISTER PLEASE CONTACT:**

The Sickle Cell Disease Foundation of California (310) 693-0247 or toll free (877) 288-CURE or by email [deborahq@scdfc.org](mailto:deborahq@scdfc.org), website: [www.scdfc.org](http://www.scdfc.org).

**Free Goodie Bag for the first 25 kids with SCD to register!!**

# Back to School Workshop

REGISTRATION FORM  
DUE BY MONDAY, OCTOBER 19<sup>TH</sup>

By mail, fax, email or telephone

If registering after October 19<sup>th</sup>, please call the SCDFC to see if space is available

Child's Name	Age	Grade in School	Sex	Has SCD
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (        ) \_\_\_\_\_ (        ) \_\_\_\_\_  
 Home/ Cell/ Work                       Home/ Cell/ Work

Email: \_\_\_\_\_  None

Does your child(ren) with SCD have a **504 or IEP** (Individual Education Plan)?  Yes  No

Do you have any issues with your child's school that you need assistance with?  Yes  No

If yes, please indicate: \_\_\_\_\_

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

**SEND COMPLETED FORM TO OR CALL:**

Sickle Cell Disease Foundation of California  
 6133 Bristol Parkway, #240, Culver City, CA 90230  
 Phone (310) 693-0247 ▪ Toll free (877) 288-CURE ▪ Fax (310) 693-0266  
 Email: [deborahg@scdfc.org](mailto:deborahg@scdfc.org)