

# BIG CODA LITTLE KODAs PROGRAM

## INITIAL APPLICATION FOR LITTLE KODAs

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

City and State you are living in now: \_\_\_\_\_

Are both of your parents deaf? Yes \_\_\_ No \_\_\_

If you answered no, is one of your parents: Hearing?: \_\_\_ CODA?: \_\_\_

Do you have brothers/sisters living in your home with you? Yes \_\_\_ No \_\_\_

If you answered yes, are they all hearing? Yes \_\_\_ No \_\_\_

If you answered no, how many are deaf and how many are hearing? \_\_\_\_\_

Do your parents use sign language at home? Yes \_\_\_ No \_\_\_

If yes, do you use sign language to communicate with them? Yes \_\_\_ No \_\_\_

Do you have other friends who also have Deaf parents? Yes \_\_\_ No \_\_\_

Do you enjoy going to the deaf events your parents go to? Yes \_\_\_ No \_\_\_

Have you ever gone to camp? Yes \_\_\_ No \_\_\_ KODA Camp? Yes \_\_\_ No \_\_\_

Now, a few questions about your interests: What is your favorite....

Kind of Music? \_\_\_\_\_ Computer Game? \_\_\_\_\_

Movie? \_\_\_\_\_ T.V. Program? \_\_\_\_\_

Hobby? \_\_\_\_\_ Sport? \_\_\_\_\_

Sports Team? \_\_\_\_\_ Class/Subject? \_\_\_\_\_

Your e-mail address: (must be approved by parent first) \_\_\_\_\_