

**Save
the
Dates**

DEAF FAMILY AFTERNOON 2009-2010

Schedule

Provide a friendly, fun, supportive, SIGNING and spiritual environment for school age children who are deaf/hard of hearing. Families with deaf/hard of hearing children and deaf parents with children are welcome! We ask all to RSVP by phone/tty or email at least three days before the Deaf Family Afternoon.

WHEN

October 3, 2009
Saturday
3:00 PM to 7:00 PM

WHERE

Linvilla Orchard
137 W. Knowlton Rd.
Media, PA 19063

WHAT

Hay Ride, Campfire, Hot dogs, rolls,
Marshmallows, AppleCider,
\$8.00 for Adults
\$5.00 for Kids/Teen
Children under 5 free - *See flyer*

November 7, 2009
Saturday
9:00 AM to 1:00 PM

Aid For Friends
12271 Townsend Rd.
Philadelphia, PA 19154-1204

Morning Service
Make Meals for the Homebound
See flyer

December 20, 2009
Sunday
12:15 p.m.— 8:00 p.m.

Our Lady of Ransom
67400 Roosevelt Blvd.
Philadelphia, PA 19149

Mass service at 12:15 p.m.
ICDA Christmas Party
See flyer

January 9, 2010
Saturday
1:30 P.M.— 4:00 P.M.
TENTATIVE PLAN

Valley View
111 Elwyn Rd.
Elwyn, PA 19063-4622

Field trip to Valley View to join Senior
Citizens playing DINGO

March 13, 2010
Saturday
Arrival at Theatre: 12:15 p.m.
The show starts at 1:00 p.m.

Sight & Sound Theatre
Millennium Theatre
300 Hartman Bridge Rd.
Ronks, PA 17572

Field trip to Sight & Sound
Millennium Theatre—"Joseph"
Discussion about the play and Pizza
after the show - *See flyer*

April 24, 2010
Saturday
Time: 10:00 A.M.—5:00 P.M.
TENTATIVE PLAN

Pennsylvania School for the Deaf
100 W. School House Lane
Philadelphia, PA 19144

Deaf Family Afternoon Coordinators
plan to host an activity for this event

Please contact us to register for these Family Afternoon activities

Deaf Apostolate
c/o June Goodwin
222 North 17th Street-8th Floor
Philadelphia, PA 19103
Phone: 215-587-3913; VP: 866-892-6023, TTY: 215-587-0510,
Fax 215-587-3561
pcpddeaf@adphila.org

St. Philip Lutheran Church of the Deaf
c/o Debbie Hulme
3101 Tyson Ave.
Philadelphia, PA 19149
Phone/VP and FAX: 215-331-7302
TTY: 215-331-7301
Pepsidool@aol.com

NAME AND ADDRESS OF FAMILY:

PHONE/TTY _____

E-MAIL _____

NAME OF CHILDREN/AGES:

Name of Person _____

EMERGENCY PHONE/TTY # _____

**DEAF FAMILY
AFTERNOON
2009-10**

PLEASE LIST FOOD ALLERGIES:

NAME AND ADDRESS OF FAMILY:

PHONE/TTY _____

E-MAIL _____

NAME OF CHILDREN/AGES:

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