



1-800-369-0533 Kentucky Partnership for Families and Children, Inc.

KPFC’s Thirteenth Annual Youth/Parent Conference

**Youth Track 13-16 Years Old**

* Know’s Ball
* Adventure Based Therapy
* Silencing stigma with the sound of music
* Self-Image and feeling good about yourself
* Art Therapy
* Kentucky Youth Move Panel

**Young Adult Track 17-25 Years Old**

Know’s Ball

Adventure Based Therapy

Kentucky Youth Move Panel

Self-Image and feeling good about yourself

Art Therapy

Silencing stigma with the sound of music

**Parent Track**

* Art Therapy
* Leadership
* Surviving Crisis
* Substance Abuse
* Adventure Based Therapy
* Boundaries

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| Conference Schedule |
| **Friday, June 16**3-5:30pm Registration6-7pm Dinner and Welcome 7-8:00pm Session #1 8:00pm Adjourn11:00pm CURFEW**Saturday, June 17** Breakfast starts at 7:00 am Eat before 9:00 a.m.!**Sessions start at 9:00 a.m.!** | **Saturday, June 17**9:00 -10:00 am Session #210:00—10:20 am Break10:20—11:20 am Session #311:20-11:40 am Break11:40-12:40 pm Session #412:40--1:40 pm Lunch1:40—2:40 pm Session #52:40—3:00 pm Break3:00—4:00 pm. Session #64:00 - 6:00 pm Break6:00—7:00 pm Dinner 8:00-11:00pm Dance11:00pm CURFEW | **Sunday, June 18**9—11:30am Session #611:30—12:00pm Closing 12:00 pm Adjourn**Have a Safe Trip Home** |

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| Who should attend the conference? |
| * Youth between the ages of 13-17 years old that have an emotional, behavioral, mental health, and/or substance use disability.
* Young Adults (transitional age: 18-25 years old) that have an emotional, behavioral, mental health, and/or substance use disability.
* Parents of these youth and young adults.
* **IMPORTANT:** ALL youth under the age of 18, or who are over 18 but have a guardian, must have a parent/guardian that will attend the conference with them!
* **CHILDREN UN DER THE AGE OF 13 CANNO T ATTEN D THE CO NFERENCE SESSIO NS.** If you bring young- er children with you, you must have your own child care for them during the conference sessions. **NO Exceptions!! Parents, c hildren cannot attend sessions with you!**
* **Child Care Options:**

Find family member or friend to babysit younger children in your home community.* + Find family member or friend to babysit younger children in your hotel room.
	+ One spouse can attend the conference while the other spouse watches younger children at home or in hotel room.

**Registration Fee Information**:* Again this year, we are requesting a **$25 regi stration f ee** per family. An additional $25 fee is requested per lodging rooms needed. If you can’t afford this, please contact the KPFC office at bri ttany@kypartnership.org to inquire about assistance.
* **Registration Refunds:** Registration fee will be refunded if cancellation request is made by 4pm, Monday, June 5, 2017**. After June 5, 2017 no refunds will be given.**

 **For qu estions abo ut th e c onferenc e pleas e c ontact:** **Brittany at 502-875-1320 ext.12 or at** **brittany@kypartnership.org****\*\*Registration is available online this year at kypartnership.org as well as paying your registration fee through *PayPal* for your convenience. You can still register online and mail you registration fee, please be aware, you will not receive a confirmation letter until your registration fee has been received.\*\*** |
| Conference Sponsors **C:\Users\britt\Downloads\newkpfcwagon11082015medsz.jpg****Image result for anonymous donationsImage result for samhsa** |

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## Please complete the entire conference registration.

**Registrations will be processed on a first come, first served basis.**

##### Track Attending

1. Youth Name:\_

Age

13-16\_

17-Young Adult

1. Youth Name:\_

Age

13-16\_

17-Young Adult

1. Youth Name:\_

Age

13-16\_

17-Young Adult

1. Youth Name:\_

Age

13-16\_

17-Young Adult

1. Parent/Guardian’s Name:\_
2. Parent/Guardian’s Name:\_

Address

Phone Number:\_

* Will you be bringing children under age 13?

Email Address

#### Registration forms and

**$25 registration fee must be received by May 30, 2017!**

* If yes what childcare arrangements have you made?
* Total number attending from your family:\_
* Are there any dietary restrictions we should be made aware of as we prepare meals?
* Ethnicity: ☐Hispanic ☐Latino ☐Neither
* Race: ☐White ☐Black or African American ☐Native Hawaiian or Other Pacific ☐Asian ☐American Indian or Alaskan Native
* Child's disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Youth Participation Parent/Guardian of Youth Participants***

Please read the contract below and sign Please read the contract below and sign prior to attending the conference prior to attending the conference

* Attend the workshops while at the conference
* Do my best to control my behavior
* Let other youth or staff know if I need something to help me better cope with my disability
* Show respect to my parents, other youth and their parents, the staff, and presenters
* Allow KPFC to take and use my picture for newsletters, reports, and other publicity activities
* Have fun while at the conference!
* To follow the 11pm curfew set by KPFC
* Attend the workshops while at the conference
* Show respect to my child, other youth and their parents, the staff, and presenters
* Allow KPFC to take and use my picture and my children’s picture for newsletters, reports, and other publicity activities
* Ensure that any children I bring under the age 13 will have proper supervision during sessions
* Supervise my children (any age) when not in session
* Have fun while at the conference!
* To follow the 11pm curfew set by KPFC
1. Youth Signature Date

\*\*I understand that KPFC shall not be held liable for any behavioral difficulties my child may experience while at the conference.\*\*

1. Youth Signature Date
2. Youth Signature Date

1. Parent/Guardian Signature Date

4. Youth Signature Date

2. Parent/Guardian Signature Date