



National Federation of the Blind, L.I.F.E., Inc., and Savannah Association for the Blind

Braille Enrichment for Literacy and Learning (BELL) Summer Program August 1-12, 2011

Join the B.E.L.L. summer program for kids ages 6-12, for two weeks of fun filled, Braille and nonvisual learning activities, arts and crafts, games, story telling, field trips and more. Complete the attached participant application form in its entirety and return it by Friday, May 20, 2011. Transportation is provided, but students are responsible for bringing their own lunch. All information related to registration can be emailed to dhoward@lifecil.com faxed to 920-0007, or mailed to the following address:

Denise Howard
L.I.F.E. Inc.
12020 Abercorn St.
Savannah, GA. 31419

Denise Howard
DHoward@Lifecil.com

L.I.F.E., Inc.
(912) 920-2414 (Phone)
(912) 920-2419 (TTY)

12020 Abercorn Street
Savannah, Georgia 31419

2011 BELL Program

Registration Form

Student Information

Last Name _____ First Name _____

Birth Date _____ Grade _____

Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____

E-mail Address _____

Parent/Guardian Information

Name(s) _____

Address (if different from above) _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____ (W) _____

E-mail Address _____

Emergency Contact Information

Name _____

Phone (H) _____ (C) _____ (W) _____

E-mail Address _____

Relationship to Student _____

School Information

School Name _____

School Address _____

City _____ State _____ ZIP _____

Phone _____

Teacher of Children with
Visual Impairments _____

E-mail Address _____

Medical Information and Release

Medications with dosages and times:

Describe allergies and dietary restrictions (be specific):

Medical insurance plan, address, group and membership numbers
Please enclose a copy of insurance card

Previous illnesses/surgeries with dates

Vaccines with dates:

Special needs

Conditions, other than blindness, that may require special accommodations:

Any restrictions on physical activities

Emergency Medical Treatment

Every precaution is taken to protect the safety of all program participants. However, in the event of an accident, I consent to any emergency medical treatment that is deemed necessary at the nearest hospital or health care facility.

Physician name _____

Telephone number _____

Parent signature _____

Transportation Release

During the BELL summer program, transportation will be provided to and from activities. By initialing below, you authorize the BELL program sponsors to provide this transportation.

_____Initials of Parent

Permission

I give permission for my son/daughter, _____, to participate in all BELL summer program events and activities except those noted under activity restrictions. I further understand the National Federation of the Blind of Georgia, its sponsors, and/or its partners are not liable for items lost or damaged during the course of the event.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

For identification and safety purposes, we would like all students to carry a white cane for the duration of the program. If your student does not have a white cane, we would be happy to provide him/her with one.

Does your student have a white cane? Yes No
If no, please enter your student's height: _____

Please tell us about any medical conditions or disabilities the child has, including cause of blindness, visual functioning, medications that will need to be taken during the program, and any other special considerations (medical or otherwise) of which we may need to be aware.

Describe your child's academic performance. Please include a list of all strengths and weaknesses.

Describe any technology your child uses.

Describe your child's experiences with Braille (if any).

Describe your child's understanding and usage of non-visual techniques.

Has your child ever attended a day camp or summer program for blind or low vision children? If yes, please explain.

Tell us about your child. What interests does he/she have? Does he/she have any favorite books? Feel free to share any additional information.

Student Expectations and Rules

Student Name _____

In order to make the NFB BELL Program a positive experience for all involved, the following behavioral expectations have been established:

1. Respect will be shown to others at all times.
2. Participation from everyone is valued and expected.
3. Everyone deserves an opportunity to be challenged to do something new and to be supported with high expectations.
4. Participants should be on time and prepared for each activity.

In addition to the above behavioral expectations, the following rules have been established to ensure the safety of our program participants:

1. Participants will be divided into groups led by a program staff member during particular activities participants should not leave their groups without notifying their accompanying adult and group leader. Further, participants are expected to follow the instructions of their group leaders and other BELL program staff and volunteers.
2. Participants may only gather in approved common areas.
3. Participants are expected to respect the personal property of others as well as the facilities used during the program. Participants will be held responsible for damage to property and facilities at their hands.

I have read and understand all of the BELL Program expectations and rules. I further understand that violating these rules could lead to my dismissal from the program and immediate return home.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



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Media Release

The BELL program sponsors would like to take photographs and video during BELL program activities for educational and promotional purposes. These images may be used in printed materials, on our Web site, and in training and promotional videos. We may also send them to the news media.

I give permission to NFB, L.I.F.E. Inc., and the Savannah Association for the Blind BELL Program partners to use my image or likeness, or those of my child(ren), in materials produced for promotional and educational purposes.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Phone _____

Child(ren) Name(s) _____

Address _____

City _____ State _____ ZIP Code _____

Please list your favorite hometown newspaper(s): _____



**National Federation of the Blind, L.I.F.E, Inc.,
and Savannah Association for the Blind**

Please mail your completed application by May 20, 2011 to:

Denise Howard
Living Independence for Everyone Inc.
12020 Abercorn St.
Savannah, GA. 31419

Denise Howard
DHoward@Lifecil.com

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