

# LOUIS BRAILLE SCHOOL

## Summer Program 2010

July 12—23, Monday—Friday, 10am—2 pm



## Animals, the Environment and YOU!

### Application and Questionnaire

We look forward to having your child with us for our 2010 summer school. Our goal is to provide a balanced program that integrates educational, social and practical experiences. The information below will guide our staff in designing a curriculum that best meets your child's strength and challenges.

Date \_\_\_\_\_

#### Family

Child's Name \_\_\_\_\_

What does he or she like to be called? \_\_\_\_\_

Birth date \_\_\_\_\_ Grade he/she will enter for the 2010-2011 school year \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact (name and phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Medical**

Please tell us about your child's vision condition

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Are there other conditions we should know about?

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Children will bring a sack lunch. Snacks may be offered during the day. Are there foods your child should not have?

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What are his or her favorites? \_\_\_\_\_

What does he or she refuse to eat? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Does your child require medications that must be administered during the school day? Please list and explain, using an extra sheet of paper if necessary.

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**Academic**

Approximate reading level \_\_\_\_\_

Learning braille? \_\_\_\_\_

Uses Perkins braille? \_\_\_\_\_

Braille contractions known \_\_\_\_\_

Large print reader? \_\_\_\_\_ Needs magnification? \_\_\_\_\_

What is he/she working on in math? \_\_\_\_\_

Computer skills \_\_\_\_\_

Favorite subject(s) \_\_\_\_\_

**Daily Living Skills/Social Skills**

Everyday Living Skills with which he/she needs help

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Social Skills with which he/she need guidance

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Please tell us something about your child's personality, his/her favorite activities, and anything more you would like to share.

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**Tuition**

Tuition of \$250 is due on or before the first day of camp.

Do you need tuition assistance? \_\_\_\_\_ How much? \_\_\_\_\_

If it can be arranged, are you interested in a car pool?

**We must receive all forms in this package prior to the first day of Summer School. Please complete the forms and mail to:**

Louis Braille School  
10130 Edmonds Way  
Edmonds, WA 98020  
Phone: 425-776-4042  
director@louisbrailleschool.org  
www.louisbrailleschool.org

***Non-Discrimination Policy***

The Louis Braille School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

**Louis Braille School  
Summer Program 2010**

**July 12—23  
Monday—Friday  
10 am—2 pm**

**Parent Permission to Attend  
and Waiver of Liability**

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

I grant permission for my child to attend the Louis Braille School 2010 Summer Program.

I agree to hold the Louis Braille School, the Summer Program, and its staff harmless from any liability and legal proceedings that may arise from the Summer Program activities unless caused by or due to the gross negligence of the Summer Program or its staff.

\_\_\_\_\_  
Parent signature Date

\_\_\_\_\_  
Parent signature Date

Louis Braille School  
10130 Edmonds Way  
Edmonds, WA 98020

425-776-4042

# Louis Braille School Summer Program 2010

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## Parent /Guardian Permission Regarding Pictures and Publications

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

### Louis Braille School Publications

I give permission for pictures and/or videotapes taken of my child and articles written by my child during the 2010 Louis Braille School Summer Program to be printed in the Louis Braille School newsletter, School publications and brochures, and on the School website and Face-Book page. Published material will not identify children by name or residence, without your advance permission.

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

I do not give my permission \_\_\_\_\_

I give permission with restrictions (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

### Public Newspapers

Sometimes newspaper reporters cover summer program activities and wish to interview and/or photograph the children. I give permission for reporters to interview, quote, and photograph my child during the 2010 summer program. They may want to identify the child by name and city of reference in their article.

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

I do not give my permission \_\_\_\_\_

I give permission with restrictions (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

**Louis Braille School  
Summer Program 2010**

**July 12—23 Monday—Friday 10 am—2 pm**

**Parent /Guardian Permission and Waiver of Liability  
Regarding Medical Treatment and Emergency Medical Care**

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**This form must be completed and returned to the Louis Braille School prior to the first day of the Summer Program.**

Should my child require medical treatment during the 2010 Summer Program, the Program staff will contact me immediately for instructions.

In the event I cannot be reached, I grant permission to the Summer Program adults in charge to obtain medical care from a licensed physician, hospital, or medical clinic.

In event of an emergency, I grant permission to the Summer Program adults in charge to call 911 and make any decisions they deem necessary to assure immediate treatment and safety for my child.

I agree to hold the Louis Braille School, the Summer Program, and its staff harmless from any liability and legal proceedings that may arise from medical issues unless caused or due to the gross negligence of the Summer Program or its staff.

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date

**Medical Treatment and Emergency Medical Care, page 2**

**Medical Information**

Name and address of Physician \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_ My child is covered by medical insurance.

Company and Policy Number: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ My child does not have medical coverage. I assume responsibility for the cost of hospitalization and medical care for my child.

Please list information concerning medications, allergies, etc. that a treating physician or medic should know about.

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

\_\_\_\_\_  
Parent/Guardian signature

Child's Name: \_\_\_\_\_