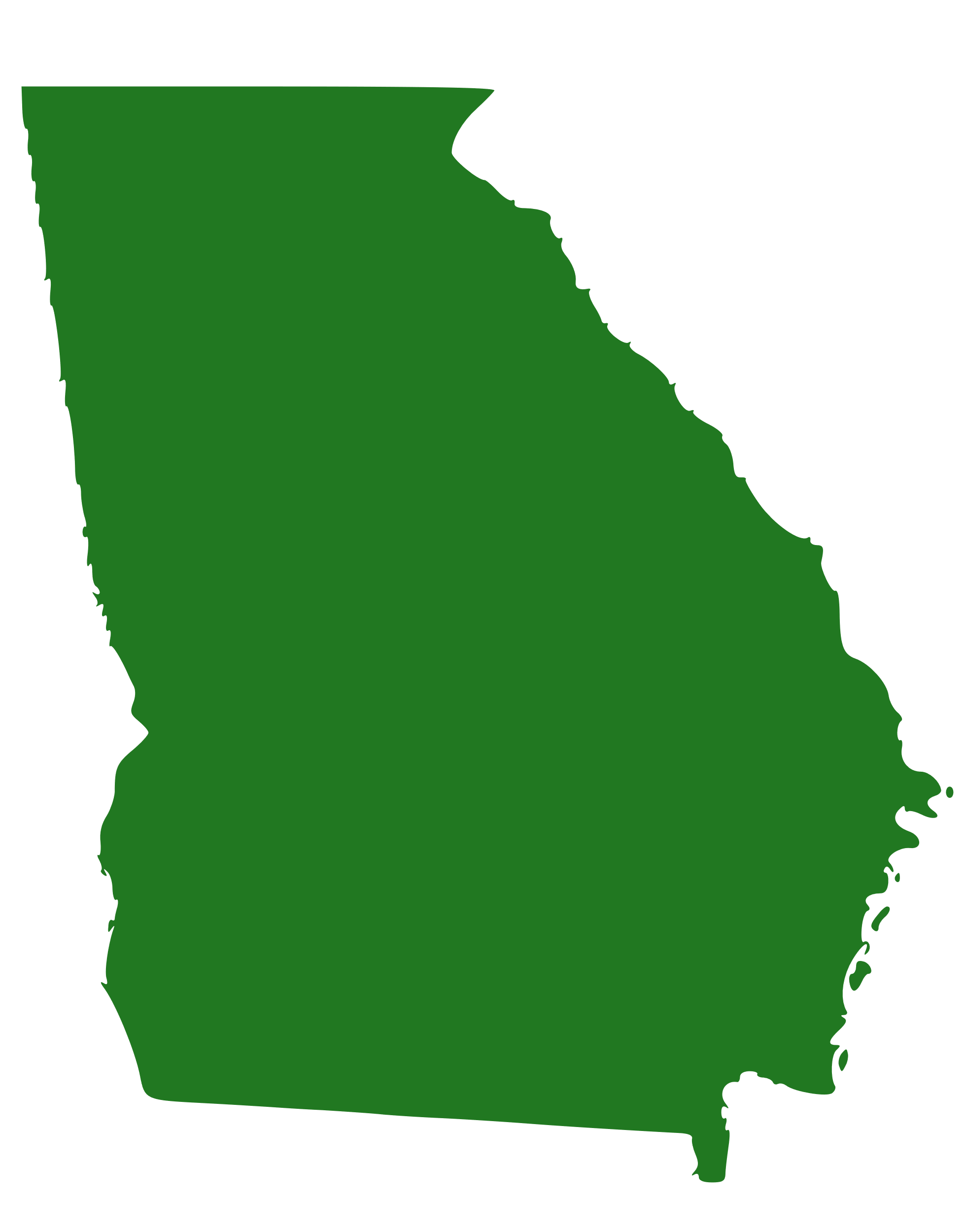
**Georgia Academy for the Blind**

**Summer Enrichment Program**

**For Students with Visual Impairments**

**Home Grown In Georgia**



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June 11-16, 2023

**Application Deadline: May 18, 2023.**

**Non-refundable Registration Fee $25.00**

(All applications subject to approval)

Ages 12-21

* ALL INFORMATION MUST BE FULLY COMPLETED AND LEGIBLE OR APPLICATION WILL NOT BE CONSIDERED FOR ACCEPTANCE.
* Students must have a documented vision loss that impacts their learning.
* Students must be Georgia residents and enrolled in school.
* Students must have the physical, mental, and behavioral capabilities to benefit from the programs offered.
* **Students will be dropped off on June 11 (Sunday) at 4:00 pm and picked up on June 16 (Friday) at 1:30 pm.**

For questions or more information, contact:

**Dawn Day** (478) 751-6083 x 1114 [mday@doe.k12.ga.us](mailto:hfrancis@doe.k12.ga.us) copy Brittany Jackson [bjackson@doe.k12.ga.us](mailto:bjackson@doe.k12.ga.us)

**mail/fax to:**

Georgia Academy for the Blind

Attention: Dawn Day/Summer Program

2895 Vineville Avenue

Macon, GA 31204

**FAX Number:** 478-752-1745

**Personal Information (Please type or print clearly)**

# Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| Last | First | Middle |

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Student’s Eye Condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child read Braille?\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No

Has your child had an eye examination by his/her optometrist or ophthalmologist within the past year?\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No

### Please Circle One:

### Parent/Guardian/Caregiver

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*(REQUIRED)**

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Information

Emergency Contact, other than parent or guardian, who will be available

to pick up your child if you are not available during the weekend.

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

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Child’s Swimming Ability**

|  |  |  |  |
| --- | --- | --- | --- |
| None | Beginner | Intermediate | Advanced |

## Self-Help & Personal Habits

Can the student complete the following activities **independently**?

(Respond **Yes or No** for each skill listed below).

\_\_\_Dress

\_\_\_Eat

\_\_\_Bathe

\_\_\_Toilet

**Mobility of Child:** (Respond **Yes or No** for each skill listed below).

Does your child:

|  |  |
| --- | --- |
| Walk Unassisted\_\_\_\_\_ |  |
| Use a Walker \_\_\_\_\_\_\_ | Use Crutches\_\_\_\_\_ |
| Use a Wheelchair\_\_\_\_\_ | Use a white cane for mobility\_\_\_\_ |

**Allergies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hay Fever | Penicillin | Drugs | Insect Bites |
| Poison Ivy | Asthma | Food | Other |

## Medications

## Does your child take medication(s)?

\_\_\_Yes (If so, please provide information below) \_\_\_No

|  |  |  |  |
| --- | --- | --- | --- |
| Drug Name | Dose | Time Given | Reason |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**NOTE:** Please be certain the GAB Health Clinic has all of your child’s current medications.

Also, if your child becomes seriously ill or injured to the point that waiting for a parent to arrive is medically inadvisable, he/she will be transported by ambulance to the nearest hospital at the parent’s expense.

**Health History:** Share any health history that may result in specialized care or emergency care or emergency condition:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CONSENT:** I give consent for my child/student to spend the week of June 11-16 2023 at the GAB Summer Enrichment program and certify that he/she is physically fit to attend all activities. Please pick up your child at 1:30 pm on Friday.

Ensuring safety is Dr. Gibson’s top priority. To ensure safety for everyone involved, students who become sick or exhibit unsafe behavior practices will need to return home.

The below signature gives my child permission to stay the week to attend the planned activities. If school personnel call to inform me of illness or inappropriate behavior, I will be prepared to travel to come pick up my child immediately.

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

**Signature Date**

**Please bring sheets, pillow, swimsuit, towel, casual clothes, comfortable shoes and something to wear to the end of program dance.**