#### **Colorado Center for the Blind**

##### 2233 West Shepperd Avenue

# Littleton, CO 80120

**(303) 778-1130**

[**ccb@cocenter.org**](mailto:ccb@cocenter.org)

# SUMMER PROGRAMS APPLICATION

CCB offers three summer youth programs, but space is limited. Acceptance is on a first-come, first served basis. The date that this application form, along with the student’s essay, is received will be the date we will use for determining priority. All requested medical information must be completed.

The student must submit an essay of no more than 250 words explaining why you (the student applicant) would like to attend the Colorado Center for the Blind.

Send this application and the student’s essay to the above address, fax to 303-778-1598 or email to [**ccb@cocenter.org**](mailto:ccb@cocenter.org)

After receiving confirmation of acceptance, you will also receive a packet of releases that must be signed and returned. These will include media releases and legal releases for challenge recreation activities.

I am applying for (check one):

\_\_\_\_\_Summer for Success College Prep Program (8 weeks)

Students should have completed his or her junior year in high school with a focus on attending college after graduation from high school.

\_\_\_\_\_Earn and Learn High School Program (8 weeks)

For students 14 years of age and older who want to gain real work experience.

\_\_\_\_\_Initiation to Independence Middle School Program (3 weeks)

For students 11 to 14 years of age.

***Student Information***

Student’s first name:

Student’s last name:

Address:

City:

State:

Zip:

Home phone:

Cell phone:

Email:

Date of birth:

Gender:

Cause of blindness:

Have you (the student) ever attended another summer program or camp? When and where?

## Contact for non-emergency and emergency situations:

Primary contact

Relationship to student:

Name:

Primary phone number:

Cell/Home/Work email address:

Is this person allowed to pick up student during or at completion of program?

Secondary Contact

Relationship to student:

Name:

Primary phone number:

Cell/Home/Work email address:

Is this person allowed to pick up student during or at completion of program?

***Does the student applicant have a Vocational Rehabilitation Counselor?***

Vocational Rehabilitation Counselor’s Name:

Phone:

Fax:

Email:

Address:

City:

State:

Zip:

## Educational Information

What grade are you in now:

Name of school:

Are you an English Language Learner:

Name of TVI:

Phone:

Fax:

Email:

Can we contact TVI:

Primary reading mode (check one)

Braille:

Standard print:

Large print:

Audio books:

Audio (synthesized speech):

Other reading modes (check all that you use)

Braille:

Standard print:

Large print:

Audio books:

Audio (synthesized speech):

Mobility/Travel (check all that apply)

Long white cane:

Dog guide:

No mobility device:

Sighted guide:

Other:

How do you (the student) take notes in school (check all that apply)?

Slate and Stylus:

Perkins Brailler:

Large print (such as a marker):

Standard print:

Braille note taking device:

Cell phone or tablet:

Laptop:

Other:

What additional technology do you (the student) use?

## Medical Information

Secondary conditions that may require accommodations:

Explain history of these medical conditions, serious injuries, illnesses, or hospitalizations. Please include anything you feel will be important the for the Colorado Center staff to know:

Doctor’s name:

Address:

City:

State:

Zip:

Phone:

Health insurance Provider:

Policy/group number:

Phone:

***Current Medications***

Name of medication:

Medication is prescribed for:

Date prescribed:

Directions for usage:

Are you (the student) able to administer your medication independently, yes or no:

If no please explain:

Name of medication:

Medication is prescribed for:

Date prescribed:

Directions for usage:

Are you (the student) able to administer your medication independently, yes or no:

If no please explain:

Please list any medications you are allergic to and symptoms of your allergic reactions:

Please list any food allergies you may have and describe your reaction symptoms:

Other allergies:

Special dietary requirements:

Any additional information that will help us in working with you:

Application form completed by: