National Federation of the Blind of Missouri

Mission BEAM

Apps for Success & Independence

Workshop Registration Form

Thank you for your interest in participating in the Mission BEAM program’s “Apps for Success & Independence” workshop on March 5th, 2022. We encourage parents and students to review and complete this form together.

Registration Form

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

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

Student’s Date of Birth: \_\_\_\_\_\_\_\_ Grade student will be entering: \_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have an open case with Rehabilitation Services for the Blind (RSB)? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, who is their counselor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, are you and your student interested in opening a case and/or learning more about RSB? \_\_\_\_\_\_\_\_\_\_

Resources and supplemental materials will be provided during the workshop. Please let us know which method is easiest for the student to access these materials.

Electronic \_\_\_\_\_ braille \_\_\_\_\_\_\_

Large print \_\_\_\_\_

what is the font size the student prefers? \_\_\_\_\_\_

Does the student use an Android or I O S device? \_\_\_\_\_\_\_\_\_\_

In the event of an emergency, who should we contact?

Name: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_ \_\_\_\_\_\_\_\_\_

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

Does the student have any medical conditions? \_\_\_\_\_\_

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student take medications? \_\_\_\_\_

If yes, please list them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the student need to take any medication during the workshop? \_\_\_\_\_\_

If yes, please provide details? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch will be provided for students during the workshop. Does the student have any food allergies or special dietary restrictions? \_\_\_\_\_\_

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you and your student would like us to know about him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission & Release Form

Does the Program Coordinator have permission to seek medical attention for the student in the event that a medical emergency occurs? \_\_\_\_\_\_

During this workshop photos may be taken and some or all of the activities may be recorded. These photos and recordings will be used for future education, documentation, and advertising purposes. Please answer the following questions to indicate you and your student’s preferences.

1 Do you and your student consent to the student being recorded during the activities/presentations of the workshop? \_\_\_\_\_\_\_

2 Do you and your student consent to the student being photographed with the understanding that these photos will be used for education and documentation purposes? \_\_\_\_\_\_\_

3 Do you and your student consent to the student being photographed with the understanding that these photos may be used on social media platforms or on brochures for the purpose of advertising, documenting, or educating\_\_\_\_\_\_\_

Thank you for completing the form. By electronically signing this form you and your student are stating that you have read and understand the information above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_ ­