

CAMP CRESCENDO

Application Form

June 2-4, 2019

Application Deadline: May 10, 2019

Submit to: 3903 Taft Dr
Anchorage, AK 99517
907-248-7770
907- 248-7515 (fax)
gbushnell@alaskabvi.org

Camper First Name:
Address:
City:
Age:

Camper Last Name:
State: Zip:
Grade:

Guardian Name:
Guardian Cell:
Guardian Email:

Guardian Work:

Specific Camper Vision Impairment Diagnosis (What is the visual condition)	
Reading Preference:	<input type="checkbox"/> Print <input type="checkbox"/> Large Print <input type="checkbox"/> Braille
Description of what the camper can see?	
Type of mobility tool typically used:	<input type="checkbox"/> White cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Human guide <input type="checkbox"/> none
Additional Disabilities:	
Other Medical Conditions:	
Does the camper have a history of seizures? (if so, please describe specific actions to take)	
Medications:	

- Can the Camper FEED independently? Yes
 No
- Can the camper DRESS independently? Yes
 No
- Can the camper TOILET independently? Yes
 No

- Can focus from light to dark? Yes
 No
- Can focus from dark to light? Yes
 No
- Amount of Central Vision? Yes
 No
- Degree of Tunnel Vision? Yes
 No
- Range of Peripheral Vision? Yes
 No

***Acceptance letter and full registration packet will be emailed to you.

Camper Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Contact **Glenn Bushnell** for assistance

907-248-7770

gbushnell@alaskabvi.org

