



**Braille Brush-up for Students in Grades 1-12**  
**Improve your Literacy Skills!**

**Saturday, January 11th, 2020**  
**Drop-off: 9:00 AM Pick-up: 3:00 PM**

*IMPROVE skills in ~ Braille Reading & Writing ~ Spelling ~ Proofreading  
Tactile Graphics ~ Speed Brailleing  
Instruction in BookPort Plus and/or Victor Reader Stream\**

*Students who attend will be well prepared for the 20<sup>th</sup> Annual New England Regional Braille  
Challenge on Saturday, February 1st, 2020*  
*(Separate registration required by January 6th, 2020 at [www.carroll.org](http://www.carroll.org))*

\*Students in grades 5 through 12 are required by the Braille Institute of America's contest rules to use the BookPort Plus or Victor Reader Stream for the speed and accuracy part of the Braille Challenge.

**WHAT TO BRING:**

- **All students in Grades 5-12:** Digital recorders, i.e. Victor Reader Stream or Book Port Plus.
- **All students all grades:** braille writers, braille notetakers, and white canes.
- **All students:** Lunch provided (Students with specific food requirements should bring their own lunch)

**Advance registration, with payment, is required by January 6th, 2020.**  
Cost: \$150



**BRaille BRUSH-UP  
2020**  
Saturday, January 11th

Date: \_\_\_\_\_

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  F  M

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_

Will student bring a cell phone to the program?

**Phone:** YES  NO  **Student's Cell #:** \_\_\_\_\_

**Student's Email:** \_\_\_\_\_

**PARENT/**

**GUARDIAN1:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

**PARENT/**

**GUARDIAN2:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

**NAME OF TEACHER OF STUDENTS**

**WITH VISUAL IMPAIRMENTS:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**NAME OF STATE AGENCY COUNSELOR:**

**PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR COUNSELOR THAT YOU INTEND TO REGISTER FOR BRAILLE BRUSH-UP.**

**VISION HISTORY:**

**Visual Diagnosis:** \_\_\_\_\_

**Low Vision Aids Used:** \_\_\_\_\_

**OTHER INFORMATION:**

Please list any dietary restrictions, allergies, limitations or restrictions: \_\_\_\_\_

How will you be transported to the Carroll Center?: \_\_\_\_\_

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**PERMISSIONS:**

**PHOTO OPS & SOCIAL MEDIA:**

The Carroll Center has always sought to promote positive, productive images of individuals who are visually impaired or blind. We ask your permission and consent for your child to be photographed and/or videotaped by the Carroll Center to be used for presenting the programs of the Carroll Center or to demonstrate the abilities of persons who are blind or visually impaired.

- Yes, I give permission for photos/video as described above.
- I do NOT give permission for photos/video.

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**AUTHORIZATION:**

I hereby signify that I have read the above information and give my permission for my child to participate in the Carroll Center Program.

Signature of Parent or Guardian: \_\_\_\_\_

Please return this registration to Nancy Sharon at [nancy.sharon@carroll.org](mailto:nancy.sharon@carroll.org) or fax to 617-969-6204.