ASVI Calgary - Braille Assistance Program

Ensuring that every child using or currently learning Braille for literacy has access to a Perkins Brailler for practice.

This unique at-home program is offered to ASVI Calgary members with membership that is kept in good standing throughout the loan period. The family is responsible for the maintenance and safety of the Perkins Brailler.

Name of Child: _____
First Middle Last Name

Birthdate: _____
Month Day Year Age in years

School/Grade _____

Vision Issue: _____

Person filling
out this form: _____
Name Relationship Phone

Name of Parent/Guardian: _____
First Middle Last Name

Address: _____
Street Address City/Town Postal Code

Phone/ Email _____

I understand and agree to my responsibility to the maintenance and safety of the Perkins Brailler throughout the loan period of two years and will maintain my membership in good standing. I also agree that when my child no longer needs it for practice I will return it in the same condition it was received.

Signature of Parent _____Date:_____

Mail completed application to: ASVI Calgary - 15 Colonel Baker Place NE – Calgary, T2E 4Z3