



**BRAILLE  
TALES**

## Braille Tales Application

Please take the time to make sure the form is legible and filled out completely.

***Incomplete forms cannot be processed.***

### Child's Information:

First and Last Name: \_\_\_\_\_

Birth Date: (mm/dd/yyyy) \_\_\_\_\_ Gender: \_\_\_\_\_

- ☐ Child is a braille reader or is likely to use braille as his/her future reading medium
- ☐ The parent or legal guardian of the child being registered is a braille reader

### Agency / Organization providing support services:

\_\_\_\_\_

### Parent / Legal Guardian Information:

Title: \_\_\_\_\_ First and Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

*\*Books will be mailed to this address*

State/Territory/Possession: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

- ☐ I am the child's parent.
- ☐ I am the child's legal guardian. *If you are the child's legal guardian, please indicate whether you are a grandparent, aunt/uncle, foster parent, etc*
- \_\_\_\_\_
- ☐ I am a third party filling out application. *Please provide a name/title and contact info*
- \_\_\_\_\_

#### **Please return completed forms to:**

American Printing House for the Blind  
Attn: Braille Tales  
1839 Frankfort Ave.  
Louisville, KY 40206

#### **For program questions contact Christine Genovely:**

Phone: 502-899-2300

Email: [brailletales@aph.org](mailto:brailletales@aph.org)

Website: [aph.org](http://aph.org)

**Participating families will receive a pre- and post-survey as part of the application process.**