



# LIGHTHOUSE *for the* BLIND

SAINT LOUIS

## ECCO

### Expanded Core Curriculum Opportunities

*The ECCO program provides training in the expanded core curriculum, including independent living skills, compensatory skills, social skills, recreation and leisure, and self-determination for children ages six through high school graduation.*

Date \_\_\_\_\_

I/we are applying for services for the following program:

ADL Classes (ages 6 – high school graduation) \_\_\_\_\_ ADL In-home \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Eye Condition(s) \_\_\_\_\_

Eye Dr.(s) \_\_\_\_\_

Reading Mode: \_\_\_\_\_ Braille \_\_\_\_\_ Large Print \_\_\_\_\_ Auditory \_\_\_\_\_ Other \_\_\_\_\_

Other Health Conditions \_\_\_\_\_

List Any Food Allergies \_\_\_\_\_

Vision Teacher \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the student use: \_\_\_\_\_ White Cane \_\_\_\_\_ Sighted Guide \_\_\_\_\_ Wheelchair/Walker

Reason for applying \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student received or applied for any equipment from The Lighthouse for the Blind? \_\_\_Y\_\_\_ N

If So, what: \_\_\_\_\_

**Activities of Daily Living**, please rank the areas of most need, 1 – 3:

\_\_\_\_\_ Cooking/Kitchen \_\_\_\_\_ Household/Bedroom Organization \_\_\_\_\_ Hygiene/Self-Care

\_\_\_\_\_ Money Management \_\_\_\_\_ Labeling \_\_\_\_\_ Social Skills/Etiquette

Does the student do any of the following:

\_\_\_\_\_ tie shoes \_\_\_\_\_ make bed \_\_\_\_\_ use knife/fork \_\_\_\_\_ fold clothes \_\_\_\_\_ pour liquids

\_\_\_\_\_ spread butter \_\_\_\_\_ button shirt Other \_\_\_\_\_

Does the student have an open case with Rehabilitation Services for the Blind (Missouri) or Bureau for the Blind (Illinois)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so: Staff Person \_\_\_\_\_ Phone \_\_\_\_\_

Office Location \_\_\_\_\_

Please return the form to:  
Lighthouse for the Blind- St. Louis  
Attn: A. Yorke, 10440 Trenton Avenue  
St. Louis, MO 63132 OR  
E-mail: [ayorke@lhbindustries.com](mailto:ayorke@lhbindustries.com)



# LIGHTHOUSE *for the* BLIND SAINT LOUIS

## Publicity Release

I hereby authorize and give permission for my child's name, photograph, or other identifying information (such as age, eye condition, etc.) used by the Lighthouse for the Blind – St. Louis for publicity purposes. I understand such uses may include brochures, newsletters, press releases, or written stories. I further understand some uses may be for information and material sent to other organizations/companies (newspapers, television, radio, etc.).

## Release of Information

I hereby authorize and give permission to the Lighthouse for the Blind – St. Louis to obtain or provide information to my child's school district, optometrist/ophthalmologist, and/or Rehabilitation Services for the Blind (RSB) for programming and collaboration.

## Off-Site Activities

I hereby authorize and give permission for my child to participate in any off-site activities as a part of ECCO programming. I understand such activities will be provided in a vehicle owned or rented by the Lighthouse for the Blind- St. Louis and will be accompanied by a ECCO staff member.

## Transportation

I hereby authorize and give permission to the Lighthouse for the Blind- St. Louis to provide transportation for my child to/from ECCO for purposes of participating in programming and off-site activities.

## General Liability Waiver

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Lighthouse for the Blind – St. Louis, and or functions.

Parent / Guardian

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

Relationship to Participant: \_\_\_\_\_

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