Primary Explorers Application Form

**CNIB Learning Academy – 2024**

Due to privacy considerations, we are unable to ask participants or parents to fill out the full Registration Form for digital submission. We request that you fill out the basic info below and a program staff member will contact you for additions.

# Participant Information

Full Name:

Phone Number:

Email Address:

This program is delivered virtually and all attendees must have the following skills or hardware/software to take part. Please provide an “x” in the field next to the technology or skill to confirm access.

Internet Access \_\_\_

Computer or Tablet \_\_\_

Ability to Use Zoom Platform Independently or with Parent Support \_\_

# Endorser Information

To take part in this program attendees should be endorsed by a community professional. This could include a schoolteacher, guidance counselor, rehabilitation staff or CNIB staff person. Please include their information below:

Full Name:

Phone Number:

Email Address

# Parent Information

Full Name:

Phone Number:

Email Address:

Please email this completed form to: Jennifer Hopkins, Program Coordinator, Learning Academy at [Jennifer.Hopkins@cnib.ca](mailto:Jennifer.Hopkins@cnib.ca). If you have any questions, please call Jennifer at (437) 335-6845.