

# Braille Tales



Sharing The Joy Of Reading



## Sign up for Braille Tales today and start receiving free books!

The American Printing House for the Blind (APH) believes early exposure to reading develops crucial braille awareness skills and promotes enthusiasm for literacy.

By enrolling in Braille Tales, participating families receive a free print-braille book every other month until the child reaches their 6th birthday.

### To be eligible for the program:

- Child or parent must be blind or visually impaired
- Child must be age 5 or under
- Family must reside in the U.S. or its outlying areas

### To apply visit:

[www.aph.org/BrailleTales](http://www.aph.org/BrailleTales)



American Printing House  
for the Blind, Inc.

APH's partnership with Dolly Parton's Imagination Library gives us access to a collection of age-appropriate books from which we select the most effective content for early braille readers.

# 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 First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's 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 or organization providing support services: \_\_\_\_\_

## **Parent or Legal Guardian Information**

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

Street Address: \_\_\_\_\_  
*Books will be mailed to this address*

City: \_\_\_\_\_

U.S. State/Territory/Possession: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_  
*required to complete registration - contact if no email*

Parent/Guardian 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 form to:**

American Printing House for the Blind  
Attn: Braille Tales  
1839 Frankfort Ave  
Louisville, KY 40206-0085



Questions contact Hannah Ozmun: 502-899-2387 • [brailletales@aph.org](mailto:brailletales@aph.org) • [aph.org](http://aph.org)

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