

Enrollment Deadline May 31, 2019

Especially Designed for Students who are between the ages of 6-16 who are Deaf or Hard of Hearing.



For Additional Information asdsummercamp@aidb.org Telephone: (256) 761-3214 or (256) 761-3215



Alabama School for Deaf Summer Enrichment Camp

June 9 - 15, 2019

Leisure time filled with swimming, arts and crafts, horse-back riding, movies, bowling, field trips, making friends and just plain FUN! Recreation with just the right amount of academics, language arts, technology, creative problem solving and American Sign Language!

- Campers need casual clothes, pajamas, swimsuit, toiletries.
- Label all clothes with the Camper's name.
- Camper's Quarters ASD dorms.
- Bring \$40 cash for Camper's activities.

Tuition Free • Camper Registration Deadline May 31, 2019

| Camper's full name | | | | |
|---|--|-----------------------|------------------|----|
| Birth Date | Age | Race | Gender | |
| Current School | 2019-2020 Grade Level | | | |
| Previously attended ASD | Summer Camp? Yes | No | | |
| Interested in enrollment a | at ASD? Yes No | Need Transportat | ion to Camp? Yes | No |
| Parent/Guardian | | | | |
| Address | | | | |
| City | | | | |
| Cell # | _Daytime # | E-Mail | | |
| To Reserve Your Spot, the | Following Items are Re | quired with Registrat | ion: | |
| Current Audiogram Immunization Form (Copy of Insurance Ca Medical Forms comp \$15 T-shirt Fee (non-r | rd (front and back) eted by Physician | | | |
| Please check T-Shirt Size Youth YS □ YM □ YL | | | | |

After receipt of this registration form, the camper's packet will be sent to you to complete.

Mail this completed registration form (with required documents) to: AIDB Summer Camp, Alabama School for the Deaf, P. O. Box 698, Talladega, AL 35161 For questions Call: (256) 761-3214 or 761-3215 Fax: (256) 761-3278

asdsummercamp@aidb.org

