

BACK FROM BEYOND

ADWAS

OUTER SPACE

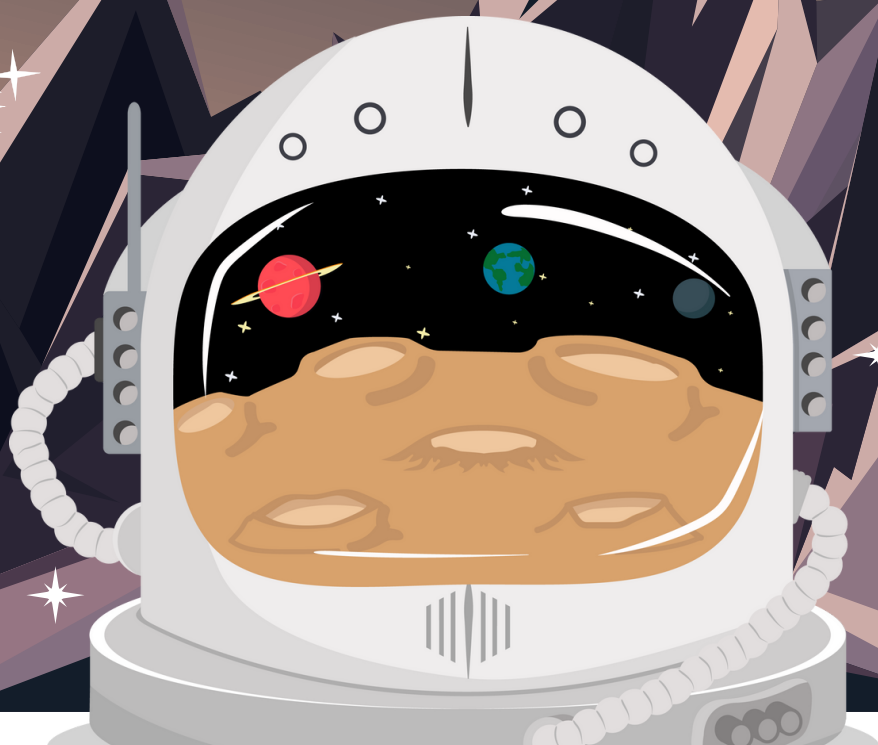
Summer Camps!

Preschool Camp July 10-14

Deaf Camp July 31-August 4

CODA Camp August 7-11

Contact
Nancy@adwas.org



Back from Beyond

Preschool Deaf & CODA July 10-14

Monday -Friday 9:00-12:00

Deaf Summer Camp-July 31-Aug 4

CODA Summer Camp-August 7-11

Monday through Friday 9:00- 5:00



Thank you for your interest in ADWAS Summer Camps 2023. My name is Nancy. I am a Children's Advocate and the Camp Director for our 2023 Summer Camps. With limited options for Deaf & CODA kids to have a camp experience with other kids that sign, this camp gives Deaf kids CODA kids from all over the Pacific Northwest a chance to come together, to be in a ASL signing environment and have fun in the summer!

The summer camp is stationed here at ADWAS-(8623 Roosevelt Way NE Seattle, WA 98115), but we will go on many field trips during the day to have adventures throughout the city. Every day parents drop off their child and sign them in. Camp starts at 9:00 AM. and it ends a 5:00pm. We will provide 2 snacks and lunch, transportation to and from field trips and it's all free!

We have a fun week planned. It is all about space adventure! This year, we will have an opportunity do all kinds of fun activities related to Outer Space. We will have Deaf guest come throughout the week to help us learn about some of those out of this world fun activities.

Our camp is staffed by staff from ADWAS and volunteers that are Deaf or hearing but fluent in sign language. We do background checks on all camp counselors and they are all trained by ADWAS. All counselors have background experience with kids and camp. We will always have interpreters if any field trip has non signers present.

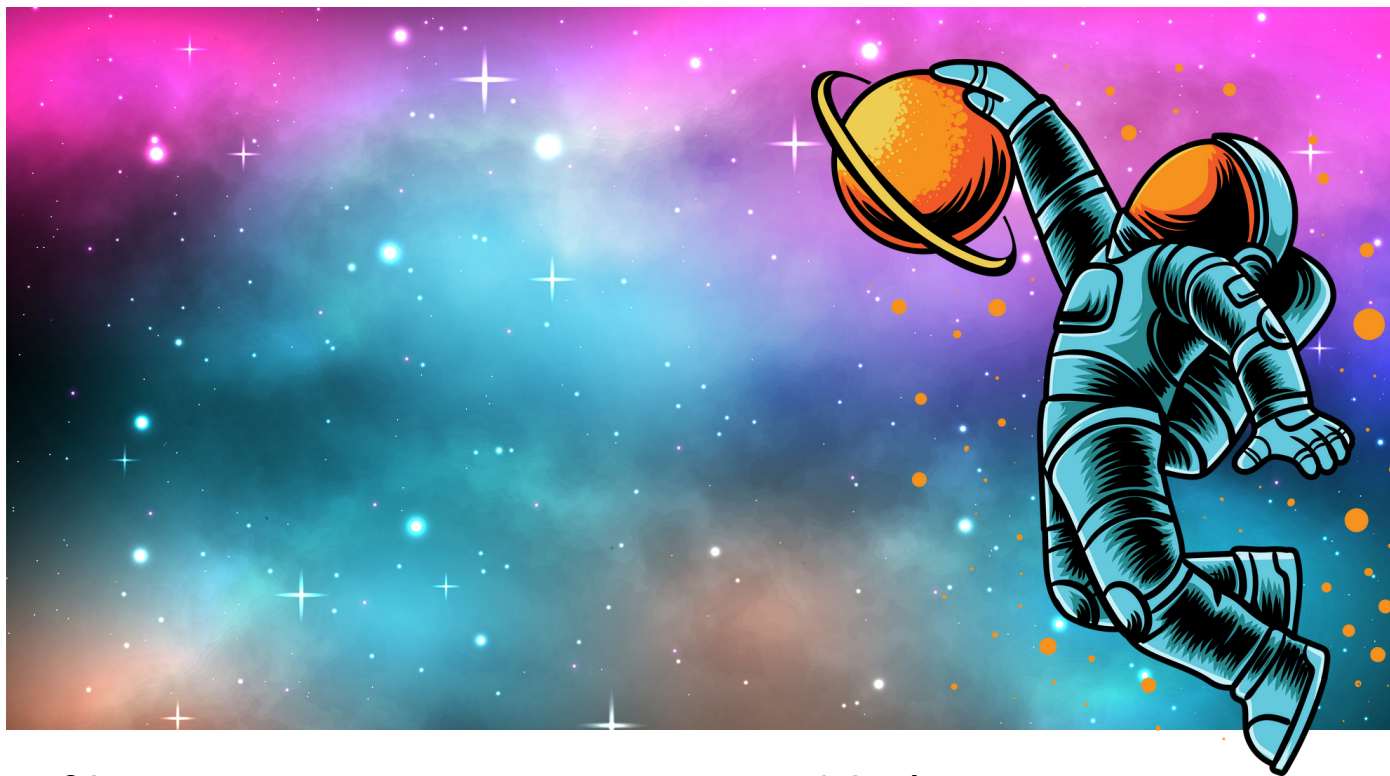
Attached is a fillable registration form. You can email it back to Nancy@adwas.org Please let me know if you have any questions

Nancy Edney
Camp Director
Nancy@adwas.org

ADWAS PRESCHOOL SUMMER CAMP

REGISTRATION

July 10-14 9:00 am-12:00



Name of Camper: _____

Birthdate: _____

Circle one: Deaf CODA Hearing sibling

Shirt Size: Youth ____ or Adult ____

Parent/guardian: _____

Address: _____

Emergency Contact and phone#: _____

Age & Grade: _____

Concerns or special accommodations: _____

Allergies: _____

Permission to take photos: YES__ NO__

Email: _____

Text number: _____

***This camp is for Preschool children who are Deaf, CODA or hearing siblings ages 3-5**

Due to the high interest in our free camps, we are not doing first come first served basis. The process for selection of campers will be as follows: We have an obligation as an advocacy service to give priority to the children whose families receive services here at ADWAS. Our second priority will be Deaf children in the community and the third priority will be hearing siblings of Deaf campers. We will collect all applications on the due date of March 31st. All campers will be assigned according to priority and the space available. I will announce acceptance by April 10th .

Writable registration form can be emailed to Nancy Edney - Nancy@adwas.org

ADWAS DEAF SUMMER CAMP

REGISTRATION

July 31-August 4 9:00-5:00



Name of Camper: _____

Birthdate: _____

Circle one: Deaf Deaf Blind HOH

Shirt Size: Youth _____ or Adult _____

Parent/guardian: _____

Address: _____

Emergency Contact and phone#: _____

Age & Grade: _____

Allergies, Concerns or special accom. _____

Permission to take photos: YES__ NO__

Email: _____

Text number: _____

***This camp is for children who are Deaf, Deaf Blind, HoH ages 6-12.**

Due to the high interest in our free camps, we are not doing first come first served basis. The process for selection of campers will be as follows: We have an obligation as an advocacy service to give priority to the children whose families receive services here at ADWAS. Our second priority will be Deaf children in the community and the third priority will be hearing siblings of Deaf campers. We will collect all applications on the due date of March 31st. All campers will be assigned according to priority and the space available. I will announce acceptance by April 10th.

Writable registration form can be emailed to Nancy Edney - Nancy@adwas.org

ADWAS CODA SUMMER CAMP

REGISTRATION

August 7-11 9:00-5:00



Name of Camper: _____

Birthdate: _____

Circle one: Deaf CODA Hearing sibling

Shirt Size: Youth _____ or Adult _____

Parent/guardian: _____

Address: _____

Emergency Contact and phone#: _____

Age & Grade: _____

Concerns or special accommodations: _____

Allergies: _____

Permission to take photos: YES ___ NO ___

Email: _____

Text number: _____

This CODA camp is for Children of Deaf Adults ages 6-12.

Due to the high interest in our free camps, we are not doing first come first served basis. The process for selection of campers will be as follows: We have an obligation as an advocacy service to give priority to the children whose families receive services here at ADWAS. Our second priority will be Deaf children in the community and the third priority will be hearing siblings of Deaf campers. We will collect all applications on the due date of March 31st. All campers will be assigned according to priority and the space available. I will announce acceptance by April 10th.

Writable registration form can be emailed to Nancy Edney - Nancy@adwas.org