

# “1-2-3...GO!”

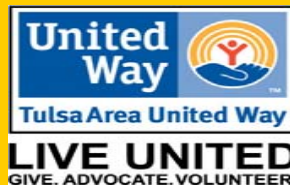
Our theme this year will focus on numbers in the world around us. We will do fun, hands-on educational activities all related to numbers. We plan field trips to jobs or hobbies that use numbers or math. We will bake, cook, measure, build and more! TSHA will provide a certified teacher, who will be aided by many capable volunteers. They will give your child plenty of individual attention in order to provide the best possible summer experience! Everything will be presented in sign language, as well as voice, in order to be accessible to all. Exciting activities are in the works, and we will plan to swim once as always.



Total Source for  
Hearing-loss & Access  
8740 E. 11th St.  
Tulsa, OK 74112

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Fax: 918-834-4329  
Website: [www.tsha.cc](http://www.tsha.cc)

Contact Diana at  
[dhiggins@tsha.cc](mailto:dhiggins@tsha.cc) or Kirsten  
at [kwilson@tsha.cc](mailto:kwilson@tsha.cc) for more  
information.



"Partner Agency of Tulsa Area United Way"



**TSHA'S  
Kids'  
Summer  
Camp**

**“1-2-3  
...GO!”**



**July 18-22,  
2011**

**Date:** July 18-22, 2011  
**Time:** 9 am to 3 pm  
**Cost:** \$50 for one week  
(\$60 for hearing kids)

**Ages:** 7 through 13

**Who:** Deaf and hard-of-hearing, speech-impaired children, their siblings, and hearing children of deaf parents (hearing children will be accepted in proportion to deaf/HOH campers, to ensure this is "deaf" camp.)



**CITs:** Students ages 14 and 15 may apply to be a Counselor-In-Training. The fee is \$30. The teens will act as volunteer assistants, but will participate in all activities the campers do. Applicants are subject to approval.



# TSHA's Summer Camp 2011

## "1-2-3...Go!"

*Enrollment Deadline: July 6th, 2011*

*A place in the program can be held for your child only after tuition is received.*

Child's Name: \_\_\_\_\_

Male/Female      Birthday: \_\_\_\_\_      Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, contact (other than parent/guardian listed above):

Name: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Describe camper's hearing or speech loss and the preferred method of communication: \_\_\_\_\_  
\_\_\_\_\_

Explain any allergies, medications or special needs: \_\_\_\_\_  
\_\_\_\_\_

To enroll, return completed form with cash, check or money order to TSHA.  
To pay by credit card, call 918-832-8742.